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MEDICAL HISTORY OF MICHIGAN

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of MICHIGAN

VOLUME II

Compiled and Edited by a Committee
C. B. BURR, M. D., *Chairman*
and
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Foreword

WITH the publication of this volume the task of the compilers is concluded, although like other works of men it is neither finished nor complete. Practically nothing is for that matter.

Medical contributions of excellence and important names and incidents have doubtless failed of mention, this owing to space limitations in the first instance, and, in the second, to the fact that they were not discovered by the History Committee.

For better, for worse, the production is presented with all good will, and grateful appreciation of an opportunity to place on record something of the trials of professional forebears, their frequent journeys through a wilderness-tangle of painful experience to encounter at the end of the long, long trail only disappointment and chagrin. Withal, however, their achievement was admirable, and it is the best hope of the compilers that in this work, imperfect as it is, a foundation not too unstable is laid for some future historical superstructure worthy of a profession than which no other, by and large, has been as conscientious and useful, or so unvaryingly and self-sacrificingly consecrated to the public weal.

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Chapter I

Controversies

"Agree with thine adversary quickly."
Matthew V:25.

"The great evil of medical societies as they are found generally over the United States is that there is not quarreling enough. They are too peaceful."

A leader in the *Michigan Medical News* (Volume V, Page 339) contains the above outgiving. It is unsigned, but J. J. Mulheron and William Brodie were both members of its editorial staff, and, as a child once remarked concerning a personal matter, you may "choose your choice."

"I don't care a ——— whether I fight with the majority or the minority so long as I fight."

—The "late" but never lacking
William Brodie.

CHAPTER I

Controversies

By C. B. Burr, M.D., Flint, Michigan

"The Histories, I borrow, I refer to the consciences of those I take them from."—Montaigne.

"DR. HENRY F. LYSTER, of this city, gave a reception on the evening of the 13th inst. in honor of Dr. William Brodie, the president-elect of the American Medical Association. The event was a marked success in every particular, and Dr. Brodie was deeply impressed with the cordiality of the congratulations of his local brethren. The fact that his election to the highest office in the gift of the profession meets the hearty approval of those who know him best, makes the honor doubly great. May he long be spared to go in and out among us."[7]

Sympathetically, Dr. Mulheron writes in 1885, "While very sorry for those of our Republican brethren who find their tenure of fat positions growing uncertain, we rejoice with appropriate joy in the brightening prospects of our Democratic brethren. The redistribution of the pap has commenced in this state and our friends Brodie, Eugene Smith, and Kaiser have secured the appointments of U. S. Examining Surgeons for pensions. Nobody has any doubt as to their ability to hold down their new positions, and to regularly draw their fees. Fortune has been bestowing her very broadest smiles on Dr. Brodie lately—President of the American Medical Association, Trustee and Emeritus Professor in the Detroit College of Medicine, U. S. Examining Surgeon, Vice President of the International Medical Congress, etc., and all within two short months! Here are honor and emoluments enough to make a man's head swim."[7]

Homeopathic physicians were numerous in Grand Rapids in 1891.[4] Biographic notices are given or mention made of twenty-four, of whom four were women. Of the "early pioneers" in this system of practice it is written that they "aside from their professional theories and practice, were withal in character and reputation so well fitted to disarm prejudice and attract popular favor that, as far as we can learn now, they met with little of the bitter opposition usually exhibited in other places from the so-called regular school of physicians. Occasionally, of course, professional courtesies were denied, but the instances were rare. Dr. Hempel particularly was on such friendly terms with some of the old school physicians that the latter incurred the displeasure of their colleagues and were charged with heresy."

In the group mentioned by Dr. Samuel G. Milner[4] were Dr. John Ellis, 1843 to 1845 (*See* "Pioneer Physicians"); A. H. Botsford, 1851; E. R. Ellis, 1858; and Charles J. Hempel, 1861.

Professional access to either of the hospitals under "an exclusive staff of allopathic physicians" was found exceedingly difficult. "Many of the oldest and best friends of both institutions, as well as the daily press of the city, expressed freely their dissatisfaction at the action of the Boards of Trustees, but future history must relate the outcome of the controversy."

It has.

The meeting of the State Medical Society in 1886 was held under the presidency of Dr. E. P. Christian of Wyandotte.

On motion of Dr. William Brodie the report on re-organization was taken from the table. He moved its adoption, making the State Society a delegate body in conformity with leading societies of the United States and the American Medical Association.

Dr. Maclean moved that the proposition to make the society a delegate body be indefinitely postponed. He thought "we would better go slow."

Dr. Frothingham seconded the motion and thought the society was "getting along well enough."

Dr. Stoddard favored the plan of re-organization.

A member moved the previous question, whereupon Dr. Kimball thought the debate ought not to be cut off, and that "we might as well fight it out."

Three sections of the new constitution were then adopted, and Dr. Brodie moved the adoption of section four. He said, "I hurl the charge back that through a delegated membership rings are to be formed to run this society."

Dr. Maclean: "You made that charge last year yourself."

Dr. Brodie: "I never——"

Dr. Kimball: "You said a certain part could run the whole society."

Dr. Brodie: "I had no part in drawing up this constitution. I did not nominate the committee that made this constitution. Dr. Whelan nominated the committee, and I have had no part or lot in it. I take this matter as it is here today no matter what I said. A man is often converted from what he says. Dr. Frothingham left this society and he has come back again so you see he is converted."

Dr. Frothingham denied that he had made a specious argument. "When I said I knew no better way to lay the foundation for rings I did not know that I was throwing a firebrand."

Dr. Brodie declared this not pertinent to the subject. Dr. Frothingham thought it was, and Dr. Brodie rose to a point of order.

Dr. Frothingham: "And the American medical profession today stand before us with a stigma——"

President: "I think you are out of order."

Dr. Frothingham: "Very well, if we're to be choked off I will sit down."

The discussion was continued at length, Drs. Hemenway, Lundy, Elmer, Parmenter, Carstens, Connor, Noyes, Alvord, Webber, two anonymous members and Dr. Vaughan participating.

Dr. Brodie called Dr. Lundy to order. Dr. Maclean moved the previous question.

A member rose to a question of privilege, as did also Dr. Vaughan.

There was rising to points of order on the part of Dr. Alvord and Dr. Webber.

"Talk about this becoming a delegated body," said Dr. Lundy. "Look at New York State! The profession has been split up in that state by this very means."

Eventually the question was voted upon and consideration of it indefinitely postponed—this by a vote of 60 to 39.[13]

The foregoing was not the only matter during this session of the society upon which there were grave differences of opinion. Something "happened to this society" yesterday which the judgment of Dr. Yemans did not approve. There seems to have been a paper by Dr. Wight "the scope of which is to appoint a committee to carry an act through the legislature which has no hope of success." Dr. Yemans thought that the action contemplated in the paper which had been published in that morning's *Free Press* would cause the society to appear in a "humiliating condition before the legislature of the state." Dr. Yemans wanted the action reconsidered.

Dr. Brodie thought the motion to reconsider was not in order, and Dr. Yemans retorted, "Do we wish to go before the legislature with the statement that the representatives at Lansing are mostly boobies who do not know the difference between Providence and a nuisance?"

Dr. McGraw said he did not understand just what the rule was concerning the publication of papers, but he assured the society that "there has been no catch of the society on the part of Dr. Wight in publishing this paper. I know Dr. Wight too well." He didn't wish an insinuation to go out against him in his absence.

Eventually on motion of Dr. Maclean, Dr. Wight's paper was accepted and referred to the Committee on Publication.

"Real progress, all will agree, is being made, despite much pseudo-progress that is illusory. And even error, as medical history has manifoldly proved, may be useful in that it often stimulates controversy that leads to new inquiries from which new truths emerge."

The above, written by Dr. Lewellys F. Barker of Baltimore in an article on "Endocrine Glands in Relation to Infancy and Childhood,"† is of equal applicability in other fields of medical endeavor.

Dr. F. C. Warnshuis, secretary of the State Medical Society, said in June, 1928:[6]

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†Presented before the New York Academy of Medicine, Section on Pediatrics.

"The problem of the hospital practice of medicine is becoming extremely acute, especially so within the last year or two, and especially so since the movement that was instituted by the American College of Surgeons. The American College of Surgeons started what I believe was a most pernicious move, in writing and communicating with the hospitals of our country, asking them to set aside a department in the hospital to which the public may come and receive a periodic physical examination at a flat fee, conducted by the staff, who are to be remunerated by the hour. If you read the Journal [of the Michigan State Medical Society], you have probably seen that we opposed that. We registered a protest against promulgating such a move, causing or inspiring hospitals to practice medicine."

And Dr. A. M. Hume of Owosso added:

"I have discovered that a new light has come to the secretary of our State Society that came to me quite a long time ago, and that is that our own organizations (I am not speaking now of the Michigan State Medical Society, but of our own organizations) have done much to throw the monkey-wrench into the gears. The thing he speaks of with reference to the American College of Surgeons is one of the most vicious things that has been done. It is not the only thing that has been done, but they have grown big and reckless and have shown their hand."

"Resignations of appointments on the committee on the International Medical Congress have commenced to come in from Michigan," the *Medical Age* announces in 1885,[7] and adds, "Drs. E. S. Dunster and Henry Sewall, of the University of Michigan have declined to serve. Had anything been lacking to convince the profession of the injustice perpetrated by the American Medical Association toward the original committee, the hiatus no longer exists. When a Michigan man resigns an office, there must be something radically rotten somewhere in Denmark. It has been the peculiar boast of Wolverine office-holders that few die and none resign, and it has always required pretty vigorous effort to kick them out."

It was as usual the tempestuous teapot. Professor Hanson-Grut of Copenhagen wrote, "I am sorry you have so much bother about the Congress. The spirit that is at the bottom of the dispute is to me a proof of such exclusiveness as I should not have expected to find in your country. I will answer to your question:

"1. That the controversy about codes was never thought of, as we have nothing resembling your code of ethics.

"2. The invitation was given decidedly for the *whole* of the medical profession; none of us thought of, or even mentioned, the American Medical Association.

"4. The *only* qualification required was, that the member be a *legally acknowledged* medical practitioner in his country. *Our* homeopathists who were legally acknowledged practitioners (Dr. Siemsen-Ferish and others) were actually members, and undisputed members, of our Congress.

"I have sent your letter to Professor Lange, who will, no doubt, corroborate my statements. To my knowledge, he has already had similar questions addressed to him from America, and answered them in the same way as I have done.

"The way across is long, the fear of the sea is strong. I do, therefore, believe that it is injurious to the interests of the Congress to have too many restrictions put for admittance."[7]

Dr. Mulheron grabs a cleaver and goes after those who would disparage the New York tolerance of homeopathic perfidy:

"Dr. King of Missouri is none of your milk-and-water, half-hearted reformers. Convince him that a thing is wrong, and he will go right to the root of it with his remedy. He is a codist of the codists, and admits no gradations of turpitude in those who tamper with the bulwark of professional rectitude. To him the culprit who offends in one iota is equally guilty with him who has thrown off all allegiance to the ancient and honorable instrument, and both alike should be exterminated, root and branch. 'The specialists of the New Code,' he declares, 'should be taken by the top of the head and their throats cut at once.' Now, if he would only season justice with a little mercy, and not insist on the execution taking place at once, some of the sinners might be made to suffer. His Draconian penalty is too immediate and too sweeping in its application to meet the approval of the contemporary age, the sentiment of which would let ten flagrant offenders go free, rather than cut the throat of one poor specialist without giving him a chance to repent."[7]

In discussion of the proposed amendment to the Code of Ethics, Article 1 of the American Medical Association, that "it is considered derogatory to the interests of the public and honor of the profession, for any physician or teacher to aid in any way the medical teaching or graduation of persons knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine," Dr. Dunster said, "The first objection is that the amendment is contradictory to the code as it now stands. We should do all in our power to extend the bounds of the usefulness of the profession. This amendment prescribes its limits. We are told that medicine is a liberal profession; this amendment absolutely denies the right of a medical education to a certain class in our midst, and makes the profession a most illiberal and proscriptive one. Being contrary to the code in these instances, it is contradictory to the spirit of the code. Another technical objection is that the amendment is illogical, as a child can see that there is no connection with the paragraph to be amended and the amendment as offered. The honor of a teacher does not depend upon those whom he teaches, but upon himself. Another objection is that the amendment must always be inoperative even if adopted. There is no power to enforce this amendment, either by legal, moral or social measures. The enforcement of this statute would close every public clinic in America, because we are forbid to aid in any manner certain classes. There is also an objection because it is based upon the most fallacious assumptions. Now, if we teach the truth and the sciences as we believe, we know that no harm can result; if we adopt the amendment we concede that the dissemination of science leads to error. Are you ready to say that no man shall teach the truth to all classes? Truth is the antidote of error, and sooner or later must conquer it. So far from denying truth to the unbeliever, we should do all in our power to extend its dominion."

Dr. Dunster next proceeded to fortify his position by many illustrations and examples. "By all the considerations I have mentioned, I appeal to you to reach your conclusion with great deliberation, make your decision solely with the view of upholding the lasting honor of our noble profession and take no step that can be construed by the world at large as a confession of want of faith in the perpetuity of rational medicine. Do this, and we shall have no occasion to regret the work of today, for it will remove in a large degree, the reproaches so often heaped upon us for our intolerance and bigotry, and it will open up a new era of generosity and toleration. Do the opposite and adopt this amendment, and it is a stride backward in the historic march of medicine. Finally, in all your discussion and in your decision, forget me and the great university I have the honor to represent, for if you stand the disaster and the discredit that must come with the adoption of this amendment, we can certainly stand your censure."[2]

A most able reply to this "was made by Dr. N. S. Davis, in which it was made clear that too much sophistry had been cast upon the whole matter, and that the imparting of useful knowledge should be done for a useful purpose in order to accomplish good. After much discussion, the following substitute was adopted: 'It is not in accord with the interest of the public or the honor of the profession that any physician or medical teacher should examine diplomas or sign diplomas or certificates of proficiency for, or otherwise be specially concerned with the graduation of persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine.' As an expression of professional opinion, this is sufficiently explicit. It probably does not satisfy either party in the controversy, like most compromises."[5]

Homeopathy in the University

"At a meeting of the Supreme Court of the State of Michigan, held in this city [Detroit] Jan'y 22d, 1855, present a full bench:

"A motion was made by C. I. Walker for the issuing of an alternative mandamus compelling the Board of Regents of the University to appoint a professor of homeopathy according to the act of the legislature, creating the chair, or to show cause why the same is not done.

"The case is held under advisement, and also for further authorities in the case."[12]

The argument of J. V. Campbell thereupon is an interesting and learned document, too lengthy for publication herein. "The writ," he says, "being in the sound discretion of the Court and not a writ of right, will never be issued in a case where the public good does not require it. And there are several good reasons why the Court should not interfere, even if it has the power.

"1. Because there is no pressing necessity apparent.
"2. Because the delay is not unreasonable.
"3. Because the interference would be disastrous."[12]

In a lengthy review of his annual report, high appreciation is given to President Haven for his comments upon teaching homeopathy in the University of Michigan. "We do not think," writes the editor of the *Detroit Review of Medicine and Pharmacy* in 1867, "that it would be possible to express the true relations of the University in this question more felicitously than it has been done by Dr. Haven in this report."

The report contained the following: "With regard to this specific condition, I could not investigate its merits without seeming, at least, to espouse the cause of a particular party. I must observe, however, that on prudential reasons alone it would be clearly impracticable to teach homeopathy in a manner satisfactory to its friends in such a school as ours which espouses and teaches no exclusive theory—this school teaches neither a conglomeration of conflicting theories, nor any one in particular, but aims, in accordance with the time-honored customs of the oldest medical schools, to teach the science or sciences underlying or embraced in medicine and surgery."

Quoting Dr. Angell in his report to the Superintendent of Public Instruction, 1876, in which he "congratulates the people of Michigan that the Faculty of Medicine and Surgery have remained true to the University in opposition to the wishes of a considerable number of the medical profession," the *Detroit Lancet* in evident depression alleges, "In short, the critics in the medical profession have failed to accomplish anything by their labor of love in seeking to keep the medical profession pure at one of its fountains."

Pathos permeates this and leads one to doubt the efficacy of any activity motivated by this worthy and allegedly potential emotion.

From the foregoing, it is evident that introduction of homeopathy into the University Medical School had been, for long before footing therein was secured, the aim of its proponents. Indeed, controversy and contention related thereto date back many years before the mandamus proceedings. (*See* reference to correspondence of Dr. Sawyer later on, and article in Chapter IX.)

It was a vexing and harassing question, and in the last quarter of the belligerent nineteenth century which might be called Victorian in the sense that victories were commonplaces—frequent and for the moment satisfactory, but of course never conclusive or enduring—the profession of Michigan was torn nearly to tatters by the established instruction in common, in the University, of regular and homeopathic students in all branches save theory and practice and materia medica.

On the one side conspicuously assertive were the doughty warriors, Donald Maclean and George E. Frothingham, two souls in this matter "with but a single thought." Arrayed with them, though in the main less vocal, were the remaining professors in the department of scientific medicine; also Dr. Brodie of Detroit and others. Heartily opposed to them was a large contingent of professors in the Detroit College of Medicine and Drs. Topping of Dewitt, Foster Pratt of Kalamazoo, Jerome of Saginaw, and Bartholomew and Ranney of Lansing, the latter secretary of the State Medical Society. On the side lines were those not gifted with the power of oratory but adroit politicians, like James A. Brown of Detroit who might with unerring certainty be numbered among the ultra-conservatives.

The war was fast and furious and threatened the fragmentation of the State Medical Society. Dr. Ranney was a subtle force, Dr. Jerome, a clever generalissimo, Dr. Pratt, a powerful debater. Dr. Brodie was stinging and cynical and in this controversy apparently threw in his fortune with "the under dog." This was characteristic—he once said to the writer, "I don't care a damn whether I fight with the majority or the minority so long as I fight." His attitude in the squabble is the more surprising considering a previous position taken concerning an address of Dr. Palmer (q.v.), but there is no accounting for Dr. Brodie.

The question at issue was whether teachers who, in the opinion of the conservatives, depreciated themselves and prostituted their profession, by contributing to the enlightenment of "irregulars," should be permitted to retain membership in the State Medical Society, and whether students in the department of scientific medicine who had received instruction from these proscribed individuals should be regarded eligible to a seat among the elect therein. It may well be believed that the writer of this, who joined the State Medical Society in the year 1878 when the controversy reached its climax, felt a degree of security from having graduated in the East, not unmixed with trepidation lest his record of one term attendance at the University medical school might be invoked to prevent favorable consideration of his application for membership. It was a fight to the finish, and there was engendered a degree of bitterness so great that in Dr. Maclean's candidacy, seventeen years later, for the presidency of the American Medical Association, there were opposing factions from Michigan represented at the San Francisco meeting. The Maclean supporters enjoyed the hospitality of the railroads on the trip to "the Coast" and won out in the election. Dr. Maclean was at that time living in Detroit and was Surgeon-in-Chief of the Michigan Central.

In announcing the meeting of 1878, the astute and caustic Mulheron, scenting conflict from afar, expressed the belief[8] "that the large majority of the members will be disappointed and disgusted should any attempt be made to open up old sores," but inasmuch as "there is no law against a man's making himself ridiculous and contemptible," it is "possible that some imperfectly balanced individual, itching after a little notoriety, will endeavor to revive the University homeopathic squabble. We are indeed advised that such an attempt is contemplated." They—the forthright and upstanding members be it understood—"have now reached the limit of forbearance," etc., etc.

How little is realized the elasticity of "forbearance." Mulheron foresaw that the Hawxhurst-Ranney matter was rich in possibilities of discord, deplored the nullification tactics of the secretary, and appealed to the Society to settle one point, "has or has not the secretary exceeded his authority in refusing permission to Dr. H. to complete the formalities of membership."[8]

The "celebrated case" of Dr. Hawxhurst was passed upon in 1878. He was elected to membership the preceding year, Dr. John P. Stoddard, chairman of the Committee on Admissions, reporting in his favor.

Dr. Jerome asked if the applicant were not a graduate of the University of Michigan. Being answered in the affirmative, he said that he opposed his election on the ground that a resolution respecting his professional standing and that of his whole class was now pending before the State Society and before the American Medical Association. Until that was settled he moved to lay the application on the table.

Dr. Brodie replied that the applicant was among the first at this meeting, and his name was withheld just because this resolution on the University question was pending, but the society had laid the matter on the table for another year and there was no guarantee that it would not be so disposed of for an indefinite period. Until it was authoritatively settled no one could be justly excluded on that ground.

Dr. Stoddard stated that, as yet, the amendment embodied in the fourth resolution relative to the admission of members had not been acted upon, and as far as the records show, Dr. Hawxhurst was an eligible candidate.

"The motion to lay on the table was lost."

"The report was accepted."

"The above report was rendered but a short time before the close of the session, and Dr. Hawxhurst, failing to comply with the necessary requisites, is not a member of the society."

Thus the secretary's minutes.[13]

At the opening of the meeting in 1878 the secretary announced:

"In calling the roll I have not called the name of Dr. Hawxhurst who was recommended for membership at the last annual meeting of this society, but who failed to complete his membership by signing the constitution and by-laws and paying his initiation fees and dues.

"It is due Dr. Hawxhurst, however, to say that he applied to complete his membership on the twenty-third day of last month. I declined to decide the question of his right to complete his membership after the lapse of eleven months by receiving his fees and presenting him the constitution and by-laws for his signature. I shrank from the responsibility of deciding the question for the following reasons."

Here follows the report of a case in 1872 where two physicians had been elected, had been called away, and on motion had been permitted to complete their membership by remitting initiation fees and authorizing the secretary to append their names to the constitution. One only of these complied. What would be his duty, the secretary enquired, if after five years he offers to complete membership, and could Dr. Hawxhurst complete his after the lapse of eleven months.

The secretary said, "I have not arrogated to myself the right to decide, and respectfully submit the matter for the consideration of the society."

The cases were not, evidently, regarded parallel. Dr. Beech moved to amend the minutes by adding "and adopted" after "accepted." He also thought that the report of non-action of Dr. Hawxhurst "does not constitute any part of the transactions of this society," and moved that they be stricken from the minutes. This motion prevailed.

Dr. Cox found that the names of Drs. Kate Lindsay and D. C. Hawxhurst of Battle Creek were omitted from the list of members elected and moved to insert their names.

The president, Dr. Pratt, announced that it had been the usual custom to include names only of those whose memberships were completed.

Dr. Jerome, discussing the motion, thought the construction of Dr. Ranney was proper. "He refrained from paying his initiation fee and signing the constitution and by-laws." "We don't propose," Jerome declared, "at this late day to indorse this gentleman during these eleven months." He sounds a note of genuine alarm. "We are living in a pretty fast age. We don't know the status of Dr. Hawxhurst during this period of time—during this eleven months that he has not been an accountable member of this body. During that period, let his conduct have been what it might, this organization could not have placed their hand upon him and held him to any account." (The implied sponsoring of the venerable and upright Dr. Cox, Dr. Hawxhurst's townsman, was apparently ignored.) "We might as well, sir, assume that because the directors of a bank should endorse a man's paper as being good today and so recommend him for a discount to the officers of the bank he may come up eleven months afterwards and say, 'I have the endorsement of the directors of this bank and assume you will cash this paper for me.' This case is parallel, Mr. President."

An amendment to the amendment was made to refer the cases to the Committee on Admissions.

Dr. Brodie said he had intended to say nothing, but as usual he said a mouthful. "The position of Dr. Hawxhurst is different. You all know that when the committee reported it was already about four o'clock, just before the election of officers. They came in with this report. My friend, Dr. Jerome, moved to lay the report on the table. It was not laid on the table. It was voted down. Then the report was voted upon by the society and Dr. Hawxhurst was elected. The society then went into the election of officers and did some other business, and the society then adjourned. Dr. Hawxhurst didn't happen to be in at the time: if he had been he would have signed the constitution and paid his fees. There is no society in the world as far as I know, and I have been connected with a great many, but what any person is allowed until the next meeting at least to fulfill his obligation."

Dr. Bartholomew thought if the minutes were to be amended at all that it should be done by adding the words "and completed their membership." Dr. Kedzie was of similar opinion. "Dr. Dunster said this whole matter could be easily settled; that it was simply a question of fact whether or not Dr. Hawxhurst was elected at the last meeting of the society—at the bottom of page 26 it says 'there were elected during the session the following named gentlemen.' Why simply include those who did complete their membership? The amendment with substitute offered by Dr. Bartholomew is certainly one that will fail to complete the connection. He did not know whether the secretary intended to include all who were elected or only those who completed their membership."

"The secretary said it was his intention to give the names only of those who——"

Professor Dunster (interrupting), "It was a gross abuse of the English language." (Applause, hisses, and other confusion.)

Eventually an amendment was adopted, reading, "The following persons were elected, but did not sign the constitution and by-laws nor pay their initiation fees," after which a communication was read from Dr. Hawxhurst asking that he be permitted to complete his membership, pay dues and sign the constitution.

A lively discussion followed, after which the question was referred to the Committee on Admissions for explicit ruling, which committee decided that the secretary had acted with propriety and recommended that the by-laws be amended to read "every member on admission and before the close of the session at which he was admitted shall pay the sum of two dollars as an initiation fee and sign the constitution and by-laws, nor shall he be entitled to the rights of membership until the same is done."

The chairman of the committee, Dr. Oakley, expressed to Dr. Hawxhurst the opinion that if he would withdraw his request "he will get to be a member just as quick and just as easy." This Dr. Hawxhurst did.

He (Dr. Hawxhurst) was evidently a man of principle and independent thinking. His life came to an untimely end in Paris, in 1882, in consequence of smallpox. He was a graduate of the University of Michigan in dentistry as well as medicine, and it was his belief that dentistry should be considered a specialty in medicine, and that every dentist should have a thorough medical education.‡

The above incident is treated at length because of its bearing upon the larger question decided the same day as to the relation of the University medical faculty and graduates to the State Medical Society. That the injecting of this personal matter with its direct appeal to individual sympathies and sense of fairness was largely influential in the later vote (q.v.) the writer has always believed.

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‡Resolutions of the Calhoun County Medical Association in 1882 anent his death recite that "in a foreign land he was adding to his already well supplied fund of professional knowledge," and that "this association and the profession at large, have lost an active, efficient and honored member." Signed, S. S. French and Edward Cox, Committee.[2]

The war, more or less "merry" according to the varying viewpoints of participants and those observing it from a distance and in detachment, began in an early period of Michigan medical history. Among the manuscripts of the late Dr. A. I. Sawyer of Monroe, the *deus ex machina* on the homeopathic stage, there is reference to a bill which passed one house in the legislature of 1847 making it a state prison offense to practice homeopathy; and his correspondence on the subject of its establishment and perpetuation at the University, replete with invective, plenteous in censure and exuberant in verbosity, appears in half a score of letter books in possession of the Michigan Historical Commission. Verily, he had his vexations. Sparks flying upward had nothing on him, and pale as symbols of the trouble he endured. Supported at times by an energetic triumvirate but oftener lacking their coöperation, his lines certainly fell in unpleasant places.

It is related of one of his cohorts that he was an intense man and impulsive. He enjoyed a game of pedro and was accustomed to engage in this pastime in a group of those of similar likings. Once in a game he declared that he had played "low." This was disputed by an opponent. Dr. ——— insisted, the other was as unconvinced and reiterated his claim. Turning to another of the party, the doctor inquired, "Who played low? Didn't I?" The reply was, "No, I think he did." Whereupon he retorted, "You're both ——— liars," and opening the door of the stove, threw in the cards, and departed in high dudgeon from the room.

It requires no extraordinary perspicacity to infer from this that head-on collisions were no rarity, and that Dr. Sawyer's note in correspondence was not infrequently one of discouragement, not to say near-despair. Indeed, he makes no secret of the fact that exalted endeavor and unselfish "service"—to employ a term much stressed in noonday luncheon clubs—not rarely failed of appreciation, and what he writes goes far to justify Dr. Maclean's prediction at the meeting of the State Medical Society in 1876 that "the situation cannot last much longer," and that homeopathy could be strangled "right in the University if left alone for two years."

Fruitless efforts to accomplish the end in view were made by the homeopathists year after year. "In the Supreme Court yesterday," the *Detroit Review of Medicine and Pharmacy* (1868) reveals, "the Attorney General presented, through William Jennison, Esq., a petition on behalf of the people asking the Court to grant an order requiring the Board of Regents of the University of Michigan to show cause why a mandamus should not be issued to compel them to appoint a professor of homeopathy in the medical department."

The regents were, indeed, tardy, having had the "power" since 1850 to accomplish this. In 1855, this "power" to determine salaries, etc., was restricted by the proviso "that there shall always be at least one professor of homeopathy in the department of medicine."

The petition states that "although nearly thirteen years have elapsed since the approval of the act, and though the regents have frequently been petitioned . . . they have always neglected and refused . . . in direct violation of the law."

Dr. William Lewitt of Ann Arbor, having learned that the secretary of the Central Michigan Homeopathic Society had announced that "Drs. Jeffries and Backus will give free medical and Dr. Lewitt free surgical treatment at Ann Arbor, to all patients from abroad during the college course of the University," hastens to deny this in a letter of January 8, 1869. It was done without his knowledge or consent, he says, and adds, "I disclaim all coöperation with homeopaths professionally, and discountenance anything that would be in opposition to the medical department of the University with which I was co-laborer for nine years, and most sincerely wish for its continued prosperity, and do most bitterly oppose the action of the homeopaths in regard to the medical department, as their connection with it would be followed by its certain downfall.

"It is not the teachings of homeopathy they are seeking, but a recognition of their fabulous theory under the broad mantle of the University of Michigan, to give character and standing to their system which is now without foundation or recognition."

Dr. Lewitt then takes liberties with the remarks of another long-suffering character as follows: "Skin for skin; yea, all will a homeopath give for a recognition in the University of Michigan. (Job II, 4.)"[3]

The homeopathic department was established in 1875. Smouldering embers of discontent burst into violent flame that year in the State Society, following a resolution introduced by Dr. G. W. Topping:

> "That the Michigan State Medical Society entertains now as ever the most friendly feelings toward the medical department of the State University and fondly desires that its future prosperity and honorable reputation may excel that which it has achieved in the past. In view of the recent action of its Regents in reference to the introduction of homeopathic professors and students, we believe a crisis has now arisen in its history which justifies and perhaps demands from the regular profession of the state a frank expression of opinion. We believe that the attempt to associate regular and homeopathic students in the same institution, to participate in the same lectures, to be a scheme impossible to carry out and one fraught with disaster, and perhaps dishonor to those who attempt its execution; an attempt likely to arrest the prosperity and destroy the usefulness of said medical department. Any such attempt to bring about such an unnatural and, to us, repugnant affiliation will meet with our decided disapproval."

Dr. Klein of Detroit did not intend any disrespect to Dr. Topping, but he deemed it wise to lay the resolution on the table. He, therefore, made a motion to so dispose of it, and the motion was "unanimously carried."

On the table it remained. The following year Dr. Foster Pratt offered this resolution, which was adopted:

> "That a committee of nine members be now elected by this society to whom all resolutions and motions relating to the medical department of the University shall be referred without reading and without debate."

Pursuant to this, Drs. Pratt, Jerome, and Cutter were elected by ballot, and on motion of Dr. Rynd, these retired and nominated the rest of the committee as follows: Drs. G. Chittock, Jackson; G. K. Johnson, Grand Rapids; J. A. Brown, Detroit; J. Hamilton, Tecumseh; H. B. Baker, Lansing; and J. Andrews, Paw Paw.

The committee thus composed bears an ominously partisan aspect. Of the nine members, six voted, in 1878, with the forty-two in favor of, and one only with those against, the rejection of medical students graduated from the University. The names of the two others (who probably did not attend the meeting) nowhere appear, either among the "yeas" or with the sixty-two who voted "nay" and saved the situation for the students. The six were without exception recognized leaders in the society—influential members all—and still they failed to disturb the sense of fairness which deep-down has always been characteristic of a very large majority of the medical profession.

The report of the committee of nine at the 1876 meeting is lengthy, formal, and goes deeply into the history of homeopathy as related to the University—the legislation on the subject—the attitude at different periods of the Board of Regents and the then status of faculty and students. Suggestions are given of which the following are of especial interest:

> "Fourth—The medical department of the institution has been the sacrifice offered to appease the legislature, and to build up or maintain other departments."
>
> "Fifth—That state management of theological or medical schools will, in the nature of things, be disastrous to their welfare, if not actually destructive of their life."
>
> "Sixth—That it remains for the medical profession to provide for its own education, and, like theologians, to conduct its own schools and take care of its own interests."

The recommendation is made that inasmuch as all or nearly all of the graduating class of 1876 entered the University before the establishment of the homeopathic department, "and, inasmuch also, as no homeopathic students have been graduated this year," that they be admitted members of his society—on the usual conditions.

Four resolutions were offered as follows:

> RESOLVED (1)—That we are not content with the existing situation in the medical department of the University, because in our opinion it is not calculated to maintain or advance medicine as a science, nor is it consistent with the honor or interests of the profession.
>
> RESOLVED (2)—That a state under our form of government cannot successfully teach either medicine or theology, and that the medical profession ought to be its own teacher and the guardian of its own honor.
>
> RESOLVED (3)—That we regard all legislative interference with the government of the University as unconstitutional, wrong in principle and harmful in its results.
>
> RESOLVED (4)—That section 4 of the constitution of this State Society be amended so as to read as follows, viz.: "Section 4. The resident members shall be elected by vote of a majority present at any regular meeting, their eligibility having previously been reported upon by a Committee on Admission: PROVIDED, that no person shall be admitted to membership who practices or professes to practice in accordance with any so-called 'pathy' or sectarian school of medicine, or who has recently graduated from a medical school whose professors teach or assist in teaching those who propose to graduate in or practice irregular medicine."

Respectfully submitted,
FOSTER PRATT, *Chairman*
G. K. JOHNSON
J. ANDREWS
J. K. JEROME
G. CHITTOCK
J. A. BROWN
H. B. BAKER

As to the fourth resolution, Drs. Cutter and Hamilton gave a minority report in opposition, agreeing to the others.

And the next year the neighbors lifted up their voices on the subject and brought strong pressure to bear.

The societies, Maine Medical, Fountain County (Indiana), Kalamazoo Medical, St. Joseph Valley (Michigan), Saginaw Academy of Medicine, all approved; the Branch County (Michigan) Medical Society disapproved, and the position of the Union Medical Society of Wayne, Washtenaw and Oakland Counties, as communicated, is ambiguous.

Decided acrimony developed from this report and the discussion thereon, although final action on the fourth resolution was deferred, and one resignation "doth tread upon another's heels so fast they follow."

The first came from Professor G. E. Frothingham:

> To the Michigan State Medical Society:
>
> Since a resolution was adopted by this society on the 11th instant which in my opinion declares a purely commercial policy as its guide, and repudiates the ethical principle of the American Code, which makes our profession a self-sacrificing, benevolent, and humane calling, and by another resolution the society has virtually declared regular medicine unworthy a position among the sciences, and also a principle which fully carried out would prevent the state from proper care of the health and lives of its citizens, would abolish public medical care of the sick and insane; also all state and other Boards of Health, and carry our civilization, in this respect, back to the condition of the dark ages I can no longer, consistent with my views of ethics, retain my connection with this Society, and hereby tender my resignation of membership, and ask for its immediate acceptance, or such other removal as it may please you to grant.
>
> G. E. Frothingham, M.D.

Dr. Pratt moved that the resignation be accepted.

Carried.

Dr. Rynd asked permission to read the following communication:

> To the President of the State Medical Society:
>
> Sir:—From the standpoint of the undersigned, the action of your association during its present session has been marked by a narrowness, bigotry, and injustice disgraceful to an honorable and learned profession. Without exercising the courage to array itself directly against the University, it has become the agent of a private school to accomplish its virtual dismembership ("dismemberment"?). You do not propose any measures of relief for the state of medical affairs at Ann Arbor; you simply propose to destroy, when you cannot control, an institution supported by the liberality of our people in your own interests, and for your own end. You desire its overthrow. You have been ably assisted by the members of the State Board of Health, itself the creature of the legislature, aided and supported by all the prejudice, bigotry, and despotism of past ages. Your conduct during the session has been unfair to a respectable minority. You have tried to cut off the expression and comparison of views by the tactics of the politician. When the friends of the University honestly asked your counsel, your reply has been a notice of its disfranchisement. Not having any sympathy with the course which you have taken, preferring personal liberty to the despotism of ideas having their origin with the burning of witches and other humane acts of a similar nature; choosing rather to exercise my personal independence than to remain under the despotism of an association which represents nothing but itself; believing that true science is not the exclusive property of your association, and that its interests are not prompted by an illiberal code, I desire, respectfully, to withdraw from membership in your association.
>
> C. Rynd.

"During the reading of this paper it was objected to as containing language unparliamentary, and disrespectful to the society, but the reading was sustained by the president, Dr. Brodie.

"Dr. Jerome moved that Dr. Rynd be expelled from the society; but this did not meet with much favor and the resolution was lost.

"Dr. Pratt moved the resignation of Dr. Rynd be accepted and his paper laid on the table.

"Carried.

"Dr. Parmenter tendered his resignation as member of the Committee on Legislation, as member of the Judicial Council, and vice president of the society."

Laid on the table.

The next year there was offered what might be termed a near-resignation of Dr. Maclean. It was certainly capable of construction by the secretary as formal, but was declared by Dr. Maclean to be a personal letter.

The storm broke in all its violence in 1878. The debate upon the fourth resolution, spicy and well worth reproducing *in extenso* was participated in by Dr. Jerome, who called the teaching an "hermaphrodite arrangement," by Dr. Brodie, who declared that the proposed amendment was "as much as to say that if the Rev. George Duffield of the City of Lansing in his pulpit next Sunday should address his congregation and in that congregation should find Catholics, Episcopalians, Methodists, Baptists, etc., that he violates thereby the tenets of his church because he preaches his doctrine of religion to those men." He was greeted with "hisses" when he averred that "come right down to the gist of it, if there had never been any rivalry in teaching medicine in this state the question would never have come up." "What does it matter to Dr. Ford," he asked, "or to the State of Michigan, how many men come in and hear him, as long as he don't [*sic*] endorse any of them that don't belong to his class." Dr. Toner "never wrote that resolution," he said. "That resolution came from Michigan, I was told." He could not see where the necessity (for an amendment) comes in, but could "see where the animus comes in very well."

At this juncture Dr. Carstens inquired what "animus" was and received the reply that "it is a word used by writers to show why certain people did certain things. And———" (Laughter and confusion.)

Dr. Eugene Smith hurled back to Dr. Brodie "the base insinuations as far as some of the members of this association are concerned that we are satellites of the Detroit Medical College," and called for an explanation.

Dr. Bartholomew said, "It is all very well to cry 'peace, peace,' but there is no peace, and there will be no peace so long as truth and falsehood remain to contend." He called attention to the fact that in 1855 the legislature was induced to pass a law which required the regents to appoint a professor of homeopathy in the University but the regents declined to obey the law as unconstitutional: the homeopaths were beaten in the courts, but continued agitation until another law was passed creating a homeopathic branch of the

University and a liberal appropriation made conditional upon its establishment that the regents took steps to fulfill the law "and thereupon all of our professors resigned their positions thereby defeating the project." Dr. Bartholomew thought they did right then, and that they made a great mistake in not resigning again, when the "second much larger bribe" was offered to the college if they would introduce homeopathy.

Dr. Maclean explained his form of certification of students—"I hereby certify that I have examined the following named students of the homeopathic college in surgery *other than medical,* and that their answers were for the most part 'correct' or 'incorrect' as the case might be."

Dr. Connor denied that the Detroit Medical College had officially claimed or in any way indicated that it would refuse certificates from the University.

Dr. Whelan approved the amendment, and believed we "take too narrow a view," but said he was no friend of homeopathy, never got any favors from homeopaths, or counseled with them.

In explaining his vote among the sixty-two Dr. H. B. Shank of Lansing said, "While I have always regretted the fact that the professors of our schools did not do just as I would have done under the circumstances, leave the institution and not stand where they stand today; yet I have had doubts as to what my duty was to the profession and to the institution. I have asked myself this question: Here are men who have been graduated; they have come and sat down by the side of me in practice, and men that I have no doubt are better educated than I was when I left the school and took my position among the regulars in my profession. I have asked myself this question: What would I do if that young man should find himself in trouble and would come and ask me to go and counsel with him? All the better feeling of my nature told me to go and counsel with that young man and help him out of his trouble, if I could. Now, gentlemen, I shall do that. I speak of those who are practicing regular medicine; not those who carry out the principles of homeopathy, because I never have consulted with them, and God helping me I never will. I say, then, I would go and associate myself with this graduate of that school at Ann Arbor, and consult with him. Now shall I not associate with him on this floor professionally? I hold that if I voted upon the affirmative of this question I will never associate with this man because he is not fit to associate with; and I will not associate with those off this floor that I would not associate with here on this floor professionally. This being my conviction I shall vote against this amendment."

This seems to the reviewer incontrovertible as a bit of logic.

The resolution was lost by a vote of 42 yeas, 62 nays, and the record of the vote will always be of interest for the array of intellect, for the high ethical standards and sincerity of purpose of the participants in both camps. Old time business partnership did not prevent divergence of views on this important matter.

In his customary classical style, Dr. H. A. Cleland, one of the editors of the *Detroit Lancet* discusses the "University Question" which has straddled the neck of this society as did the "Old Man of the Mountain" that of "Sinbad the Sailor," as follows:[2]

"There was one point made in the discussion of this question, which we hope will disabuse the mind of some members of the profession of an error, to which interested parties have striven to commit them, viz.: that the 'University War' as it has been called was initiated and maintained by the Detroit Medical College. The source of this statement, and the continued stream of falsehood which has drenched the profession anent this point, is too well known to need mention; but its motive was too apparent and the falsehood too clumsy to meet with the success that was expected. The originators of it paid but a poor compliment indeed to the manliness and independence of the profession of the state to suppose that it could for a moment be manipulated by a few men in Detroit for mercenary motives. If the truth were told by them, the backbone of the opposition to the medical department of the University, as it now exists, is its old alumni, who seek to save their *Alma Mater* from a misalliance which they deem disgraceful to her, and this they are striving to do, in no personal spirit of rancor to any one, but actuated by what seems to them the best interests of their *Alma Mater*, and the profession of the state in general."

REPORT OF COMMITTEE ON CHARGES PENDING IN THE AMERICAN MEDICAL ASSOCIATION

Mr. President and Gentlemen:

The undersigned, who were appointed by this Society at its last annual meeting, held at Lansing, to defend the charges made against this society at the meeting of the American Medical Association in Chicago, 1877, for "irregular and unethical conduct," and referred to the Judicial Council of that body for action at its meeting in Buffalo, in 1878, respectfully report, that they attended the said meeting in Buffalo, and the Judicial Council, after consideration of the said charges, reported that "there was no clause in either the constitution, by-laws, or code of ethics, as they now exist, under which the charges against the Michigan State Medical Society can be sustained and adjudicated." Dr. J. R. Bronson, of Massachusetts, then offered the following preamble and resolutions:

WHEREAS, By the report of the Judicial Council, submitted this day, we are informed that the ethical code of this association is imperfect, in that it does not recognize by its letter a conceded violation of the spirit of our profession in its relation to irregular medicine; therefore

RESOLVED, that said Council be instructed to submit to the association at this meeting for its consideration, an amendment covering this omission.

This was referred to all the members of the Judicial Council as a committee.

The Judicial Council, as a committee, reported the following amendment and addition to paragraph 1, Article 1, of the second division of the code of ethics, under the general heading "Of the Duties of Physicians to Each Other and to the Profession at Large," and the special heading, "Duties for the Support of Professional Character." The same, when finally adopted, to be added at the end and to constitute a part of paragraph 1 of Article 1, as follows:

"And hence it is considered derogatory to the interests of the public and the honor of the profession, for any physician or teacher to aid in any way the medical teaching or graduation of persons knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine."

This being an amendment to the laws, it was laid on the table until the next meeting.

At the recent meeting of the American Medical Association held at Atlanta, this amendment to the code was taken from the table, and after an exhaustive examination into its merits by Dr. Dunster, a delegate from this society, it was, on motion of Dr. Pratt, laid on the table for one year.

W. BRODIE,
H. O. HITCHCOCK,
Committee.

In the session of the Michigan State Medical Society in 1879 a paper was presented by Dr. H. O. Hitchcock upon "A Case of Fracture of the Acetabulum, with Dislocation of the Femur." By request of its author, the paper was read by Professor Dunster of the University. "As the reading developed the fact that the paper contained personal reflections derogatory to several members of the society, the further reading thereof was objected to. The reading was continued, however, until recess, when at 12:30 the society adjourned.

Dr. Jerome said, "I would move, sir, in view of the lateness of the hour, and the fact that there has been no opportunity to read these papers, that the further reading of Dr. Hitchcock's paper be postponed."

Dr. Brodie said he had no objections if the gentlemen would accept as an amendment the words "and printed."

Dr. Jerome objected on the ground that it would cost too much, and for other reasons.

Dr. Hitchcock said the balance of the paper would require but fifteen or twenty minutes.

Dr. Jerome's motion was here put and lost.

Dr. Jerome moved that those who had papers there and who were intending to leave the city before an opportunity could be given to read them be requested to file them with the secretary.

Carried.

Dr. Maclean moved that the society hold an evening session.

Dr. Eugene Smith suggested that as Dr. Dunster was such a good reader, it might be well to leave the papers in his hands, to be read by him. (Laughter.)

Dr. Dunster said he had a very heavy contract on his hands already.

A motion to hold an evening session was lost, and the motion to read the balance of Dr. Hitchcock's paper was carried.

Professor Palmer, of the University, then offered the following:

> RESOLVED, That the paper of Dr. Hitchcock, as it contains strictures upon the conduct of members of this society, be referred to the Judicial Council, and that the members of the society interested have the privilege of appearing before the Council and of presenting any counter statements they may choose, and that said Council may order the publication of the Transactions of the Society, of the paper of Dr. Hitchcock, and of such counter statements as may be presented, or any part of such papers as in their discretion they deem proper.

Dr. Carstens, of Detroit, called for a division of the question. The president stated that the vote would be taken, first, "on the reference of the paper to the Judicial Council." This was put and carried. The remainder of Professor Palmer's resolution, after some discussion, was laid on the table.

Dr. Hitchcock then expressed his desire to withdraw the paper, and by a vote of the society he was permitted to do so.

It was of this paper, the scientific points of which are "full of interest," but the paper "so full of personalities as to detract very materially from its value as a scientific article," that Dr. Mulheron approvingly and amiably writes, "Dr. Hitchcock, however, in a measure atoned for the reading of his paper by withholding it from the society after it was read, and thus prevented the possibility of its publication in the printed Transactions of the Society."[8]

At the meeting of the Michigan State Medical Society in 1879, the question of admission of a member was under discussion, whereupon the following passage at arms:

Dr. A. B. Palmer, of the University of Michigan, said, "It seems to me that the committee has established the precedent of not going behind the action of local societies. In one case here yesterday of some one who was refused admission to the Detroit Medical Society, without any investigation the candidate was rejected. This seemed to establish the precedent of going according to the decisions of the local societies. Now, let us follow that precedent. I think it a proper one, for we cannot be engaged here with all these minute discussions. If the local society which has examined the case has exonerated him, it seems to me that we should not go back of that. I therefore move that the last resolution which was offered be laid on the table."

Dr. Foster Pratt: "I hold, Mr. President, that in our state organization it should be the unvarying rule not to receive as members here those who are rejected by the local societies; but I do not believe that the converse of that proposition is just, wise or politic. I do not understand, sir, that we are under any obligations, or that it may always be wise to receive every one that may be acquitted upon charges by a local society, or every one that may be received by a local society. Now, this is a question which properly belongs to the Judicial Council, and I don't propose to express any opinion about it here. It is a matter which, as I think, should have been referred to the Judicial Council by the Committee on Admissions, and it is because I want the action of the Judicial Council upon it that I moved to refer it there. If the Judicial Council shall concur in its recommendation with the Committee on Admissions, we then have nothing further to say about it."

Dr. Shank: "Will you allow me to ask the doctor what is his object in referring this matter to the Judicial Council?"

Dr. Pratt: "I am stating it."

"After the roll call [State Medical Society meeting, 1879] Dr. Eugene Smith preferred charges against a member of the society, an ophthalmologist, for having the fact of his being a specialist mentioned on his sign. This heinous thing is said to be in contravention of the venerable Code of Ethics, and with due formality and becoming gravity the charges were referred to the Judicial Council, who will deliberate on them for twelve months."[8]

Mulheron writes hopefully, but not confidently, of the coming meeting of the State Medical Society in 1880. "The question of homeopathy in the University being out of the way, and the question which disturbed last year's meeting being removed, there occurs to us nothing now which could be framed into an excuse for a contention. But the inventive genius of the human mind is usually equal to the perversity thereof, and if the will exists there will be found a way of kicking up a row."[8]

Ways there were, doubtless, and the self-restraint for a time exercised was remarkable.

The boys remained quietly in the trenches for several Christmases, their trigger fingers nervously twitching, waiting for the zero hour. It struck with a bang following Dr. G. W. Topping's presidential address—very appropriately delivered at Kalamazoo—and was continued over the failure of the Committee on Admissions to report on schedule time. ("These annual meetings," said Dr. Foster Pratt, "are always promotive of sociality among us and they tend very powerfully to cultivate in our ranks an *esprit de corps* which is a strong unifying sentiment and which greatly increases our efficiency and power when acting as a body on any question of medical policy.")

Esprit there was aplenty and the gentle breezes of '78 and '79 are as soughing of the pines compared to the tempest evoked in '83. After some flattering words extended to Kalamazoo, references to the "Divine Art," to superstition, ethics, quackery, and the early Romans, preventive measures, "the indefatigable secretary of the State Board of Health and his zealous and efficient associates," vital statistics and the "increased prevalence of small-pox" in 1882; after discussing learnedly the work of Koch, Pasteur and others, and handing to Jenner and Hippocrates each a garland of laurel, the president got down to business:

"During the last decade the number of medical schools has increased about 70 per cent, and the annual report of the Commissioner of Education for the United States shows that the number of medical students therein has trebled. From the same authority we learn that the graduates in medicine in the United States in 1880 were more than three times as many as in law, and about twelve times as many as in theology.

"While it is true that some of these 110 medical colleges are mere 'diploma mills,' graduating from 50 per cent to, in one instance, 83 per cent of their students, yet there remains a goodly number of them that are honorably and ably conducted, and are effectively teaching the science and art of medicine.

"Of the 585 people which an equal distribution would allot to each physician, only a very small percentage are ever likely to become paying patients to him even if they should be so unfortunate as to need his services; therefore, many physicians will necessarily have to seek other employment for support after having spent their time and means in acquiring a profession by which they had hoped to make a living.

"The cheapening of a professional education through state support allures many young men into the profession of medicine who would otherwise have entered into some other vocation more beneficial both to themselves and the public. It must be evident to all that this country is already overstocked with physicians; therefore, it cannot be necessary to tax the people to produce a more redundant supply.

"Our state medical schools are among the most active agents in producing this oversupply of physicians. Yea more! by means of the hospitals under their charge, and state support, they are enabled to offer cheaper medical and surgical treatment than can be proffered by the general practitioner who cannot resort to taxation to make good his exhausted finances. The state medical school is a *mater familias* who gives the world a numerous progeny, and then does her best to cut off and destroy their means of support.

"University hospital is filled with patients who go there through economic considerations, many of them being abundantly able to fee a physician at home, and would do so were not cheaper terms offered them at Ann Arbor. These hospitals are extensively advertised at the public expense, and individuals from far and near are induced to abandon their home physicians for the more economical terms which hospitals under state support are enabled to offer them. These hospitals occasionally give us something unique in the way of advertisement. A specimen of this character may be found in the address of Bishop Gillespie, chairman of the State Board of Corrections and Charities, before the eighth annual convention of superintendents of the poor, in Lansing, in 1881.

"The bishop says he addressed all the physicians of the poorhouses in the state, asking if there were not persons in his house who would be benefited by surgical or medical treatment at Ann Arbor. Yet to his disappointment only eleven of these physicians made any reply, and of that number but one thought it necessary to send his patients to University hospital for treatment, notwithstanding the fact that one of the hospital surgeons had assured the bishop by letter that 'the great majority [of his cases] can only be treated safely and satisfactorily in a hospital where there are plenty of assistants and all sorts of appliances,' and 'that at a very moderate rate of charge my [his] own work in the hospital for the session of 1879-1880 would amount at the least to thirty thousand dollars.'

"The contemplation of this magnificent hospital work seems to have so affected the bishop's mind as to make the question of expense to the people seem to him altogether trifling and insignificant, and he rhapsodically exclaimed, 'Don't speak of money if the eyes of the blind may be opened, the ears of the deaf unstopped, the lame man may leap as an hart, and the tongue of the dumb sing! If God has given such powers to men and means, trifle not with the gift of God. Refuse it not to save taxes.'

"Such extravagant eulogies of the University hospital and its surgeons, by the bishop, coupled with his assumption that the local physicians of the county houses of the state were not competent to treat the diseased poor, and his fervid appeal that they be sent at public expense to the University hospital for treatment, is a melancholy sample of the way that well-meaning and good-natured clergymen are often betrayed into the injudicious use of their profession to advertise certain hospitals and surgeons, to supply them with patients, and wide-spread, unique, and influential advertisement, at the expense of the tax-payers, and of the worthy but needy general practitioners of the state. For the work done in these hospitals and medical schools we offer neither censure nor criticism. It is their influence upon the welfare of the medical profession at large, which is here discussed.

"It is well known to you all that for some years past the relations of the Michigan State Medical Society, as well as a large percentage of the physicians of the state, not members of this society, have not been just as pleasant and harmonious with the medical department of the University of Michigan as in days of yore.

"For a house to be divided against itself is equally undesirable and injurious to a family, a party, or a profession. Whatever be the relative success of the contending parties the common cause must suffer loss. Like the quarrel of sect with sect in the church, or the bitter strife for ascendancy in the state, no good can come of such unfortunate controversies, but very much of evil to the best interests of medical science and the state itself.

"The medical department of the University of Michigan is an existing fact. That being the case, I think we may profitably consider the best means of correcting the abuses existing in it, and the evils it inflicts upon the profession. With this object in view I shall venture to express myself somewhat freely, and at length, without asking or expecting the endorsement of my views by this society, or by the ruling powers of the University, further than they believe them to be promotive of the best interests of the profession, and of the University medical school.

"That there are evils existing in the medical department of the University which need correction, I believe to be evident to all fair-minded, impartial men. To the end that something may be done to correct these evils and to bring the medical school of the University in proper and profitable harmony with the medical profession, I venture to suggest for your consideration the following subjects:

"1. The best means of securing a higher standard of study and attainment in the profession generally.

"2. The possibility and desirableness of combined action between the Board of Regents and the State Medical Society in securing such legislation as is now generally needed to protect the people against the increasing number of irresponsible and unqualified medical practitioners.

"Illinois and other states discriminate between the qualifications of practitioners; why should not this state do the same?

"3. The manifest injustice of giving gratuitous treatment at the University hospital to patients able to pay for medical services, and for whom such treatment was not originally intended.

"4. The still greater injustice of treating at Ann Arbor non-resident patients by members of the medical college faculty in term time, or during the session of the college, and receiving compensation therefor, unless the same be paid over into the University treasury.

"5. The extensive and unwarranted methods of advertising which institutes invidious comparisons between the professors and the profession at large, which is not only indulged in by the professors but by officers of the state to whom no such right is given.

"6. Whether the profession at large might not be consulted in the nomination of professors, and if so, to what extent without detriment to the University, and such other matters as may be deemed expedient to secure harmony of action between the members of this society and the medical department of the University.

"It is easy to be seen that a large share, to say the least, of the medical profession of the state, has withdrawn its sympathy and confidence from the medical department of the University.

"Let these matters be fairly and fearlessly considered."

The suggestion was acted upon with what must have been to Dr. Topping commendable, if not gratifying promptness. They were at least "fearlessly considered."

"On motion of Dr. Brodie the thanks of the society were extended to the president for his able address and the same was referred to the Committee on Publication." Whereupon Dr. A. B. Palmer of the University addressed the Chair as follows:

Dr. Palmer: "Mr. President, we all understand and recognize that a pretty decided attack has been made upon the medical department of the University of Michigan, and criticisms offered upon its procedures. I wish to inquire whether now, or at any future time, there will be an opportunity offered us to enter upon a degree of defense. I do not wish to be out of order, but it seems to me to be due to the University, and especially to those who have been laboring for years to sustain it, that some remarks be made on certain portions of the president's address."

Dr. Brodie: "I understand this address contained but the formal opinion of the president. It has been received and referred to the committee. I don't see how it can be brought up for discussion now."

Dr. Palmer: "Is there any method by which those concerned in the University may take up these points? If it is not the desire of the society, of course they may suppress any statement."

Dr. H. B. Shank: "I move that the vote by which this was referred to the Publishing Committee for publication, be reconsidered."

Dr. Brodie: "Did the doctor vote in the affirmative?"

Dr. Shank: "I would ask why the gentleman asked that question? Is it for any parliamentary purpose? I ask if my motion is not in order?"

Dr. Chase: "I rise to second the motion, and in seconding it I wish to say I didn't vote either way. I was under the impression that the president's address was not to be discussed. There are many things stated in that address worthy of discussion. We ought to take up those points and discuss them in an intelligent and gentlemanly way."

Dr. Tupper: "I move that the whole question be laid upon the table."

Dr. Shank: "Is that question debatable? I simply wanted to say——"

Cries of "order, order."

"——I don't want this thing choked down in this way. I hope the good sense of this society will vote down this motion to lay upon the table."

The vice president, Dr. French, put the question.

Dr. Shank: "I call for a division."

Dr. Brodie: "I call for the ayes and nays."

Dr. Shank: "I ask if the call is not in order? I simply don't want this thing choked down. I want a fair expression of the society on this question. Not that it concerns me particularly, but I see a plain effort, on the part of some members here, to force this thing down our throats. I hope it will not be tolerated."

Dr. Tyler: "I rise to a question of order. It seems to me this whole question is out of order, at the present time. The address has been referred to the Committee on Publication, consequently the whole question is settled. The only way to get at this question is to make a motion under the head of miscellaneous business. At the present time we cannot consider it."

Dr. Shank: "Let me ask the gentleman if a motion to reconsider a motion is out of order?"

Dr. Tyler denied that any effort was being made to "choke anything down" the members' throats.

Dr. Pratt: "If you will allow me one moment, I can suggest a way out of the difficulty. I move that so much of the president's address as refers to the University be referred to a select committee of five. I do not believe there is any disposition here, on the part of anyone, to choke off free discussion."

Dr. Shank: "I would ask Dr. Pratt whether after this is referred to the Committee on Publication, a portion can be taken from the committee without reconsideration!"

Dr. Pratt: "It has been frequently done in our society."

Dr. Chase: "The motion to refer has been put and carried. Then a motion was made to reconsider. That would bring the paper again before the house. We cannot make a motion to lay that paper on the table before it is before the house."

The vice president announced that the motion before the society was a motion to lay the motion to reconsider on the table.

Dr. Palmer: "Does this dispose of the matter so that we cannot discuss it?"

The Vice President: "I have no doubt any gentleman can call it up under the head of miscellaneous business."

Dr. Palmer: "That is satisfactory to me."

The yeas and nays were demanded, on the motion to lay the motion to reconsider on the table.

Dr. Alvord: "Can those of us who have come in later have the opportunity of knowing what we are voting on?"

The Vice President: "Gentlemen of the society, so many seem to misunderstand, that I feel called upon to state the question again.

"A motion was made and carried, tendering the president the thanks of the society, and referring his address to the Committee on Publication. Dr. Shank, after a little discussion, moved that that vote be reconsidered, so that the matter pertaining to the University might be up for discussion."

Dr. Shank: "I made no such statement. I misunderstand myself if I made any such statement. I simply moved that we reconsider the vote by which that address was referred to the Committee on Publication."

The Vice President (continuing): "Dr. Brodie moved to lay the whole question upon the table. That I declare to be undebatable."

The ayes and nays were called, and the result of the vote announced. It stood 27 to 27.

Dr. Shank: "I would suggest that the secretary call the names of those who voted."

Dr. Tupper: "I understand that on a tie vote the question would be lost."

Dr. Shank: "Is it not customary to read the names of those who voted?"

At this point several members changed their votes.

The chair next announced that the vote stood 27 ayes to 28 nays.

The secretary read off the names.

Several gentlemen arose and complained that their names had not been called.

Dr. Jerome: "I think it quite possible. I know it is on the part of some who are on the other side of this question. For want of the payment of their dues, they are no longer members of this society. If such be the case in any of these instances, I ask to have the fact stated."

Dr. Ranney: "Such is the case in several instances."

Dr. Jerome: "After a certain time the names of members not paying dues can be dropped."

Dr. Shank: "Might I ask how long?"

Dr. Jerome: "I refer you to the secretary!"

Dr. Shank: "I supposed the gentleman was capable of explaining this entire matter."

Dr. Jerome: "Capability is one thing, duty is another."

The vice president announced that the motion to lay the motion to reconsider on the table, was lost. The question being upon the motion to reconsider the vote by which the president's address was referred to the Committee on Publication.

Dr. Shank: "I made that motion for the purpose of getting this address of the president back out of the hands of that committee, and before this society."

The yeas and nays were called for.

Dr. Palmer hoped the yeas and nays would not be demanded.

Dr. Tupper: "This seems to have been from the beginning, a kill-time thing; I call for the ayes and nays."

The Chair explained that this would be attended with great difficulty, and Dr. Tupper withdrew the call.

Dr. Breakey: "It seems to me that this voting is being done under a misapprehension. I don't understand the effect of this is to prevent discussion. The president does not desire it, nor do the friends of the University. My vote was given with this understanding. We are wasting too much time."

Dr. Tyler: "I would be glad to see the whole matter postponed to be taken up under the head of miscellaneous business."

Dr. Palmer: "An opportunity of replying to these strictures at any time will be satisfactory to me. I supposed the object was to prevent reply or discussion. If this is not the case, I am willing such arrangement should be made."

Dr. Shank: "Let it be made now."

Dr. Jerome: "I call Dr. Shank to order."

Dr. Palmer: "Is the main question now on the president's address, open for discussion?"

The Chair: "It seems to me not. The object is to get it from the committee so it can be discussed."

Dr. Jerome: "When this motion on the president's address was put I was not in the room; consequently I could not enter into any discussion. I think it quite possible that the matter has developed itself largely since. If there is any portion of the president's address which the society deems especially worthy of discussion, I am the last one to vote against discussion."

The motion to reconsider the motion by which the president's address was referred to the Committee on Publication was carried by a vote of 36 to 27.

Dr. Pratt: "I wanted to make a motion some time ago. I now move that so much of the president's address as refers to questions touching the University be referred to a special committee of five, with instructions to report under the head of miscellaneous business tomorrow morning."

Dr. Shank: "I move to amend by adding after the word 'five' the words 'of which Dr. Palmer shall be chairman.'"

Dr. Palmer: "I never heard before of an accused party being his own judge."

The amendment was lost.

The original motion prevailed.

The president resumed the chair.

Dr. Shank: "If there is no business before this society just now, I would ask for the report of the Committee on Admissions."

The President: "We will now take up the report of the Committee on Publication. It is the next in the regular order of business."

Dr. Shank: "Is it decided out of order to call for the report of the Committee on Admissions?"

The President: "The regular order of business cannot be set aside except by vote."

Dr. Shank: "In former meetings of this society, it has been customary for the Committee on Admissions to report early in order that persons who have made their applications may become members, and take part in the meetings. I wish to make a motion that the order of business be suspended to listen to that committee. I have never known applicants for membership to be left out in the cold so long."

The President: "If the committee express a readiness to report, they can have an opportunity to do so."

Dr. Breakey: "The committee have not been able to meet together as yet."

Dr. Shank: "I mean that the order of business be suspended for the purpose of getting the report of the Committee on Admissions, as far as they are able to make it."

Dr. Maclean: "I second the motion. It is to me very strange that the committee takes so long to report. The fact that applicants are endorsed by two accredited members of the society should be sufficient. I think it unfair to exclude the applicants for membership so long."

Dr. Brodie: "The strictures of the gentleman are very good; but members of the committee are not supposed to forego all their interests in the society to meet together and look over their business. I don't know that we should be deprived of participating in the work of this body ourselves."

Dr. Vaughan: "I have attended several meetings of this society, and never before have I known the Committee on Admissions to wait so long before reporting. There is an apparent intention at least, to choke off those who have come here to join this society."

The President: "I have no power to tell the committee to report. They have expressed their unreadiness. The report of the Committee on Publication is now in order."

Dr. Shank: "Is my motion out of order? It was to suspend the order of business for the purpose of requesting the Committee on Admissions to make a report."

Dr. Jerome: "Dr. Brodie and I were in the midst of the society this forenoon. Our time was occupied entirely with the session. When the committee came to ascertain the number of applicants it did not see any time for action unless the members took themselves out of the society this afternoon. They wish to make a report satisfactory to themselves and the society, and do not see the necessity of pressing the question of immediate action; consequently they are here doing the business of the society. After the meeting we propose to have a session of the committee; we propose to investigate every man's relations to the profession. We have no desire to keep members out, and any charge to the contrary is not correctly made. I apprehend the reason of all this lies back of what appears on the surface. I have previously understood that this was necessary; so necessary, in fact, that every other branch of business should be laid aside."

Dr. Shank: "What is the question?"

Dr. Jerome: "I was answering my friend, Dr. Shank, and speaking on behalf of the committee."

Dr. Shank: "The Chair has not entertained my motion."

The president ruled the motion out of order.

Dr. Shank: "I move, out of charity to this committee who have acknowledged their inability to make this report, who are trying new tests for admission to membership, who demand that applicants state their intentions for the future, and all this; I move that this list of applicants be taken from their hands, that they be discharged from further consideration of the subject, and that it be referred to the Committee of the Whole."

The president refused to entertain the motion as not in accordance with the by-laws of the society.

Dr. Shank: "Let me inquire of the Chair what by-law he cites?"

Dr. Brodie: "I hope Dr. Shank is not going to occupy the floor all the afternoon."

Dr. Shank: "I know, Dr. Brodie, that you like to be on the floor most of the time. If the committee fails to make a report, I believe there is a provision which——" (Cries of "read it, read it.")

Dr. Shank: "I will if I can. Does the Chair refuse to entertain the motion to discharge the Committee on Admissions from the consideration of this question inasmuch as they have acknowledged their inability to make a report?"

Dr. Jerome: "The chairman of the committee *made a report* that he *was not ready to report.*"

Dr. Oakley: "I would move that gentlemen present who have made application for membership be allowed to participate in discussion of all purely medical or scientific questions. If they came here for no political purpose this certainly should be satisfactory to them."

The President: "If any objection is made by a member to a person who is not a member speaking, the person can not be heard. The Chair can not, therefore, entertain the motion."

Dr. Shank reads: "Should the committee fail to report upon nominations submitted to them, any member having made such nomination may renew the same directly to the society."

The President: "The Chair understands that the committee has not *failed* to report, but only ask further time."

Dr. Shank: "I like to enlighten and give information to my friend Brodie. He is so anxious for information."

Dr. Pratt: "If *law* is to be read, let us have *all of it.*" Reads the balance of the section omitted by Dr. Shank, as follows: "in which case a vote of four-fifths of the members present shall be requisite to constitute an election."

"Thus when it is established that the committee *fails* to report, such a motion as that of Dr. Shank would be in order."

Dr. Brodie: "I thought Brother Shank didn't read the law right."

The President: "A good deal of time has been spent needlessly, it seems to me. We might better pursue the regular order. I call for the report of the Committee on Publication. Dr. Jerome is the chairman of that committee."[13]

Following the episode the society made a fairly creditable attempt to take up the scientific program.

Dr. Ranney moved that the paper of Dr. Walker on "Plaster-of-Paris as a Surgical Dressing" be read by title and referred to the Committee on Publication. (Dr. Ranney was far from being *persona grata* to the University contingent.)

Dr. Palmer objected, "Is this a safe precedent, to admit a paper on the title merely and refer it without knowing what it contains? I have no suspicion of anything objectionable in this particular case, but would call attention to the precedent. Some man in the future may send in a paper attacking the president, or perhaps the society, or the University, or anything else, Detroit College or Dr. Lundy. We know nothing about what it is. I object to this method of doing business, and suggest the propriety of referring the matter to a committee to investigate."

Dr. Dunster: "The reference does not necessarily imply publication. It is the duty of the committee to use their discretion about publication."

Dr. Topping: "That is the rule."

Dr. Ranney: "Dr. Walker asks the indulgence as his paper is not quite completed."

Dr. Palmer: "That seems more objectionable."

Dr. Herdman (with exemplary tolerance as being also of the University faculty): "I regret exceedingly that we are not to hear this paper of Dr. Walker's. Looking over the lists this is to me of as much interest as any. We cannot have too many of such. Even if Dr. Walker has not completed the paper I would like to hear his experience on this subject. It is a question at present exciting great comment. I for one would like light upon it. I move to amend so as to ask for the reading of this paper at this or some subsequent time during the meeting."

Dr. Ranney: "I don't think he has the paper with him."

The amendment prevailed, and the motion as amended was carried.

After an interval devoted to a committee appointment and the discussion of a paper on "Timely Catharsis" by Dr. Reynolds ("Mental Catharsis" is not considered, being obviously superfluous), Dr. Shank moved that the first thing on the order of business in the morning be the report of the Committee on Admissions, and said, "I do so in order to give new members an opportunity to vote for officers. I wish all to have an opportunity of participating in the election."

Dr. Smith: "I move as an amendment that the election take place at twelve o'clock tomorrow, after the business which many of us are here to engage in, be dispensed with. I didn't come here to elect officers, but to hear papers. I presume there are many others who are similarly situated, and regret that the time of the society is expended in this purposeless wrangling."

Dr. Shank: "I will accept that as an amendment to my motion."

Dr. Smith added that he had no doubt the committee "knew enough to report when they desire to report"; and also said, "it strikes me they will be ready to report in the morning. I wish to move as a substitute simply, that the election be put off until twelve o'clock tomorrow."

Dr. Shank opposed the substitute.

Dr. Smith: "I don't understand any other reason but that Dr. Shank wants to get these men in here for political purposes;" (was interrupted)—"I think I have the floor. I think Brother Shank a good deal in the condition Dr. Brodie was this afternoon."

Dr. Shank: "I submit in the first place that the motion of the gentleman cannot, in any common sense, be considered a substitute for my motion. It relates to a different and entirely foreign subject. My motion is that the Committee on Admissions be instructed to report immediately after roll-call tomorrow. I am willing he should append to my motion the words: 'and that the election take place at twelve o'clock' My object alone is to give those persons who have come here an opportunity for participating in the business of the society."

Dr. Smith: "In the election of officers."

Dr. Smith moved to adjourn.

Which motion was lost.

Dr. Shank: "I renew my motion that the committee be instructed to report immediately after roll-call."

Dr. Whelan: "I support that motion. That gives me an opportunity to say what I wanted to say. It seems to me a bad spirit, a spirit of antagonism, prevails here. I regard Dr. Shank's motion appropriate. We have a right to call on that committee tomorrow morning. I also endorse the suggestion of Dr. Smith. I hope he will renew his motion to make the election of officers the special order at twelve o'clock. Let us not waste our time. It would promote harmony to ask the report of the committee tomorrow morning."

Dr. Dunster: "As Dr. Shank has signified his willingness to accept the amendment of Dr. Smith, would it not expedite matters to take but one vote?"

Dr. Palmer: "There is a great variety of questions pending besides the election of officers. I am not anxious about officers, but I am anxious that these persons who have come from a distance to apply for membership, be treated as those who have been made members heretofore."

"This is appropriate and in accordance with precedent. These persons came here in good faith to participate in the proceedings of the society. I heartily support Dr. Shank's motion."

Dr. Smith: "Is it a good or profitable thing to bring before the society the Committee on Admissions? I do not understand why we should do so. This committee is composed of good and reputable men; men appointed by the president and accepted by the society. If there is any doubt about the integrity of these men I would like to know the reason."

Dr. Shank: "Never before since I joined this society did a Committee on Admissions refuse or neglect to report."

Dr. Smith: "Did they refuse?"

Dr. Shank: "I said *neglect or refuse.* I desire these applicants be put upon a par with the gentlemen of this society. Not twenty-four, ten, or even five hours elapsed between the time our names were presented and the report of the committee. But since this morning these applications have been kept in the hands of the committee and not a report on a single individual. I say it is unfair."

Dr. Smith: "There have been insinuations here. Dr. Shank a little while ago either misspoke himself or spoke without thinking, and remarked that he wanted these applicants here the first thing in the morning *to vote on the election of officers.*"

Dr. Shank maintained it was still a fair proposition.

Dr. Smith: "It is a fair proposition, and I accept it as such. It was the doctor's manner in making it that excited my antagonism."

Dr. Shank: "I agree. It was *as made* an unfair proposition."

Dr. Snook: "Is there a motion before the house? I am not a member but my name is in."

Dr. Herdman moved to adjourn, but withdrew the motion.

Dr. Burr renewed the motion.†

It was lost.

Dr. Vaughan: "I move that Dr. Snook, of Kalamazoo, have liberty to address the audience."

Carried.

Dr. Snook: "It may seem presumptuous for me, a young man, to attempt thus to pour oil on the troubled waters. When we invited the society to meet with us here, we expected a quiet, peaceable time. As one gentleman said, there seems to be an element of distrust creeping in. I, as a young man, do not wish to see this old feud creeping in, and have these old battles to fight over again. We desire everything in harmony. I attend the society with the view of improving, not to witness disturbance. Young men look with disgust on this spirit of contention. I have only to ask of you, to beg of you, while partaking of the hospitalities of Kalamazoo, as a society, to do so in peace and harmony."

On motion adjourned.[13]

Refreshed and invigorated after a night's sleep, the troops were ready for the pitched battle which occurred following the long delayed report of the Committee on Admissions.

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†Why? One Above alone knows. Search me in vain forty-five years later. C. B. B.

The committee reported adversely on the application of Dr. G. A. Hendricks.

Dr. Palmer: "Is it proper to ask on what grounds? I would like to know. I know Dr. Hendricks as a man of good character."

Dr. Shank: "I move the acceptance of the report."

Dr. Brodie read the following letter from Dr. Hendricks, assigning the writing of it as the ground on which the committee's adverse report was based:

> University of Michigan,
> Ann Arbor, 5-11-1883.
>
> Dear Doctor:
>
> Knowing you to have been a warm supporter of Professor Maclean in former attacks made on him, I feel that I can now safely call upon you to assist in averting a new assault against his character and his position.
>
> Not content with the unfair treatment which he received from the State Medical Society of last year under the leadership of Dr. F. Pratt, it is now proposed to take advantage of the infamous libel of the *Evening News* to still further injure and insult him. The jury has vindicated him, and so have the people who know him most intimately.
>
> The interests of the profession demand that the verdict of the Detroit jury should be endorsed. The *Evening News* has always abused the profession; therefore the profession should embrace this opportunity to sustain the verdict in favor of one of its members against the *News,* independently of all personal feelings.
>
> Can you make it convenient to attend the convention to be held May 7th and 8th at Kalamazoo, to assist in crushing certain damaging propositions which a few designing enemies hope to carry?
>
> Very sincerely,
> G. A. Hendricks.

Dr. ———: "I would like to ask in what way this violates the code of ethics."

Dr. ———: "He is not violating any code, as he is not a member of the society. A person who could do this is not fit to become a member."

Dr. Boise: "I fail to see any expressions about the society derogatory to its character or to the character of the applicant. He speaks of certain persons, a clique. It is not the society. He does not mention them as *the society.*"

Dr. Brodie then read an extract from the letter.

Dr. Boise: "I do not understand that expression as meaning that the design of *the society* is to crush. Read with different accentuation, I think you will find this is for the purpose of assisting in crushing. His attendance is requested for that purpose."

Dr. Brodie: "Just the contrary."

Dr. Boise: "A difference of opinion between the gentleman and myself."

Dr. Maclean: "Mr. President, I feel called upon to say a few words on this subject. I don't feel myself responsible for any private letters which Dr. Hendricks, or any other man may write. He is a man of character, intelligent, and in every way qualified to become a member of this society. He is a friend of mine, and I am his friend. He understood, and you all understand, the facts to which reference is made in the letter. I have been unfairly treated by members of this society in times gone by. At the Lansing meeting I read a paper before the society which was listened to with marked attention.

It was the only paper excluded from the transactions. It was referred to, and the claim was made that it could not be procured, because I was in Europe."

Dr. Ranney: "I wrote for it to Ann Arbor."

Dr. Maclean (continuing): "Then, in the next place, last year I proposed to show a little act of courtesy to members of the society. I tendered an invitation to them to attend an operation for ovariotomy. The invitation was given with the kindest spirit and in open meeting. If any single member had said, 'Your invitation will interfere with the business of the society,' I should have withdrawn it. More than one-half of the members attended my clinic. Operations for ovariotomy every surgeon takes interest in seeing. Every case has its special peculiarities and is of interest. My invitation was appreciated, as shown by the fact that, as I said, fully one-half of the members accepted it. The operation was arranged for an early hour so that it would interfere to but a slight extent with the work of the society. During the absence of myself and those members an entire change of the program was made. The society took up the election of officers. The president at present occupying the chair was elected by twenty-three votes."

Dr. Tupper: "Is this in order?"

The President: "I think he is taking a pretty large latitude. The question is on the acceptance of the report."

Dr. Maclean: "I will state my motion now. I move that Dr. Hendricks be received as a member. The letter he has written is true, but has in fact nothing to do with the society as a whole. It refers to matters he has a right to refer to. The letter was not printed or published. It was addressed under seal to the gentleman who received it. Under the circumstances I don't see how he has violated any portion of the code of ethics or good manners or decency. I don't see any excuse for excluding him. Dr. Hendricks was informed (I am prepared to give names) a combination was to be made here for the purpose of introducing some resolutions, or taking some action embarrassing to me. I ask, if you knew of a friend being placed in that position, of a friend you knew or believed you knew was right and deserving of support, if you would not use every means to support him?"

The President: "The motion before the house is to accept the report of the committee."

Dr. Shank: "I made that motion for the purpose of getting it before the house."

The President: "The question is upon accepting this report and discharging the committee from the further consideration of the subject."

Carried.

Dr. Pratt: "I move that the report be adopted."

Cries of "question, question."

Dr. Shank: "I think I know my rights. I move that the report be so amended as to recommend his election."

Dr. Brodie: "You cannot amend a committee's report."

Dr. Shank: "I cannot, but the house can. I renew Dr. Maclean's motion to amend the report by recommending his election."

The President: "This would make a committee a farce. I cannot entertain the motion."

Dr. Shank: "Did you deny the right of this house in the work of the committee? There is no disrespect intended to the Chair, but this body is now in possession of that paper, and we have a right to do with it as we please. I move that the report be amended."

Dr. Southworth: "I understand from the by-laws, that the report of the Committee on Admissions is final. I don't think this society has anything to do with it whatever. If by that report a person is rejected, that ends it for the present."

Dr. ——— (interrupting): "He says he won't entertain any motion now."

The President: "One at a time."

Dr. Southworth: "The question of adoption should come before the house in the regular order. The by-laws give direction to this whole thing."

Dr. Brodie: "The matter is in the hands of the society. The by-laws provide what the society can do in the matter. It requires a four-fifths vote to elect him."

Dr. Palmer: "Read the by-law, if you please."

Dr. Smart: "I rise to a point of order. It seems to me we are getting this mixed. There is a motion to adopt this report made by Dr. Southworth and seconded. There is now pending a motion to adopt."

Dr. Shank: "On the motion of Dr. Southworth I offered to amend the question. My motion is to amend the report so as to recommend him for election. Now, sir, one word relative to this." (To Dr. Brodie): "Doctor, sit down, please, you embarrass me."

Dr. Brodie: "That is my intention."

Dr. Shank: "I was going to say that this committee has no more to do with this report. They have only to do with it as members of this society. They have made their report; we have accepted it. It is now the property of this society. This society owns it. We can do with it what we please."

Dr. Southworth: "For that reason I move that it be adopted."

Dr. Shank: "But while a question is pending a motion to amend it is in order. Now let's take the sense of this society as to whether we like this report."

Dr. Palmer: "I rise to a question of order. I wish to read the section of the by-law Dr. Brodie read *so that it can be understood by the meeting.*" (Reads section 2 of article 3 of the by-laws.) "That is the law. Nothing is said about where the committee report unfavorably. This is where they *fail* to report. Then a four-fifths vote is required. That is *when they report unfavorably.*"

Dr. Alvord: "We have no precedents for the last eighteen years for just such a case as this. I hope Dr. Shank's amendment will be recognized by the Chair."

Dr. Pratt: "This is our constitution and by-laws. It strikes me it would be well to look a little carefully at what we are doing. The constitution of the society provides ——"

Dr. Shank (interrupting): "Where are you reading, Doctor?"

Dr. Pratt: "From page 273."

Reads Section 2, Article 3, of the by-laws. During the reading the doctor was interrupted. He stopped and remarked:

"I will make my point clear before I get through."

"When the committee fails to report, the by-laws require a four-fifths vote to elect. I have been somewhat familiar with the proceedings of this society for many years. There has *never been a single instance* where a man reported on *unfavorably* has been elected. You cannot cite me to a single instance in the history of this society."

A voice: "Nor anywhere else."

Dr. Pratt: "If a committee *fails* to report on a candidate, and it requires a four-fifths vote to elect him, it is manifest to any intelligent gentleman that it should require a *unanimous vote, if they report against him.* I have stated my position in a few words. In regard to Dr. Shank's amendment for amending the committee's report: If a committee of a legislative body make a report that body may amend the bill or resolution, but they *cannot amend the report.* When a committee unanimously, or by a majority, say they hold certain views on a certain question, it is not competent for a body for whom they act to change that report so as to change the opinion of the committee. This body would stultify itself in undertaking to amend the report. This committee has made a report, giving its reasons for rejecting a candidate. This society cannot change that report. That report is the work of the committee and the expression of its opinion. This society cannot put either opinions, facts, or statements into the mouth of the committee."

Dr. Dunster: "The gentleman who has preceded me is quite correct in the parliamentary aspect of this matter. The gentleman [Dr. Shank] should have made his motion not to amend the report but to amend the motion of Dr. Southworth. The report has been disposed of. Now this gentleman's [Dr. Southworth's] motion can be amended if the house chooses to do so."

Dr. Chase: "I rise to call attention to a point. In the report of the committee there are two points involved. For the sake of voting intelligently it is allowable to divide. We can vote on its acceptance——"

A voice: "That has been voted on."

Dr. Chase: "Another point I wish to make mention of: Dr. Pratt while on the floor said that the vote should be unanimous."

Dr. Pratt: "I asked the question; I didn't make any statement."

Dr. Chase: "The point I make is this: that two members of this society have recommended the applicant for membership. Are they going to stultify themselves?"

Dr. Pratt: "Dr. Chase, I don't think you understand the question."

Dr. Chase: "I understand your point."

Dr. Pratt: "But the situation of this case before the house?"

Dr. Chase: "I ask that the report be divided into two portions."

The President: "The question is on the adoption of the report."

Dr. Chase: "I say I have a right to present this question, and ask them to divide that into two questions so that we may vote upon those who have been favorably reported on and then on the others."

The President: "I don't see that Dr. Chase has made any point."

Dr. Shank: "If we vote to adopt this report in what condition does it leave this candidate?"

A voice: "Just where it is now."

Dr. Shank: "A rejected candidate. Is this not true? As to my friend Pratt's parliamentary law, it is simply this: He says we can't amend."

Dr. Southworth: "I call Dr. Shank to order."

Dr. Shank: "The question is this: I made a motion to amend the committee's report so as to recommend that he be elected."

The President: "I cannot entertain the motion."

Dr. McColl: "I rise to a point of order. I think this whole discussion is out of order. We have a judicial council, to whom such matters should be referred."

Dr. Shank: "But he is not a member of this society."

On suggestion of Dr. McColl, the president referred the whole matter to the Judicial Council without further action.

Dr. Noyes: "I would like to ask the president if those gentlemen reported on favorably are elected?"

Dr. Pratt: "No doubt about it."

The President: "They were so declared."

Dr. Palmer: "I rise for information. Is the recommendation of the committee final and absolute? If the Judicial Council decides against a member is that final?"

The President: "Yes, that is final."

Dr. Palmer: "Then this matter is in the hands of a few members."

Dr. Pratt: "This is the same practice that prevails in the American Medical Association."

Dr. Palmer: "I hope we shall be very careful about the election of the Judicial Council this year."

A voice: "We better elect Dr. Palmer."

The president announced that the next in the regular order of business would be the election of officers. He appointed as tellers Drs. Tupper and Kinne.

Dr. Southworth asked for the reading of that section of the by-laws in reference to the election of officers, and said he hoped there would be no more quibbling.

The report of the Committee on Nominations was then read by Dr. Tyler, chairman, as follows:

First Vice President—Dr. Horace Tupper, Bay City.

Second Vice President—Dr. I. S. Hamilton, Tecumseh.

Third Vice President—Dr. H. B. Barnes, Ionia.

Fourth Vice President—Dr. Augustus Kaiser, Detroit.

Judicial Council—Drs. Foster Pratt, Kalamazoo; H. B. Shank, Lansing; S. P. Duffield, Dearbornville.

Delegates to American Medical Association—Drs. Hal. C. Wyman; J. B. Book; William Brodie; L. Connor; C. J. Lundy, in place of J. H. Bennett, declined; Eugene Smith, in place of E. L. Shurly, declined; W. J. Herdman, in place of E. S. Dunster, declined; A. B. Palmer; D. Maclean, in place of William F. Breakey, declined; Foster Pratt; A. R. Smart; J. Andrews; S. S. French; C. H. Lewis; F. K. Owen; Jas. D. Munson; Hugh McColl; A. F. Hagadorn; H. Williams, in place of J. H. Jerome, declined; L. W. Bliss; W. N. Smart; Geo. E. Ranney; Chas. T. Southworth; I. R. Shepard; C. V. Beebe; S. P. Duffield, in place of W. E. Dockery, declined; W. L. Dickinson; G. K. Johnson.

Dr. Vaughan: "I have a substitute for the nominations which have been made. I want to know whether the substitution is to come in now."

The president explained that the first question should be the acceptance and adoption of the committee's report.

Dr. Vaughan moved to *accept* merely.

Dr. Noyes: "Is the number of delegates mentioned as many as this society can elect "

Dr. Pratt: "The full number."

Dr. Noyes: "I want to go to that Association and I intend to go."

The President: "I don't know that I can do anything about that."

The report of the committee was accepted.

The following substitute for the committee's report was offered by Dr. Vaughan.

First Vice President—Dr. H. B. Shank, Lansing.

Second Vice President—Dr. S. P. Duffield, Dearborn.

Third Vice President—Dr. J. V. Edie, Grand Rapids.

Fourth Vice President—Dr. J. F. Noyes, Detroit.

Treasurer—Dr. N. W. Webber, Detroit.

Recording Secretary—Dr. A. D. Hagadorn, Lansing.

Members of Judicial Council—Dr. J. Andrews, Paw Paw; Dr. Edward Snow, Dearborn; Dr. H. Williams, Saginaw.

Delegates to the American Medical Association—Drs. C. Shepard, J. T. Main, J. W. Hagadorn, J. F. Snow, E. S. Dunster, J. V. Edie, J. F. Noyes, C. Georg, A. D. Hagadorn, E. P. Christian, N. H. Williams, R. J. Shank, Edward Snow, Gordon Chittock, H. C. Paddock, R. LeBaron, D. Maclean, C. J. Lundy, William Burtless, J. B. Griswold, A. F. Whelan, A. H. Reed, E. H. Van Deusen, W. L. Dickinson, E. L. Shurly, William Brodie, S. H.

Clizbee, M. H. Raymond, D. W. C. Wade, J. N. Elliott, H. F. Ewers, S. P. Duffield.

Dr. Brodie: "He has called names not members of this society."

Dr. Duffield: "I would like to ask Dr. Vaughan to leave my name off."

Dr. Lundy: "I believe I am nominated as one of the delegates to the American Medical Association on this substitute. While I would be glad to go as a delegate to the Association, and have so expressed myself, because I am not a member of that body, I would not be willing to go as a delegate if elected under the present circumstances. I am not a party to either side of this controversy and cannot accept an election in this way, while I would have been pleased to if nominated in the regular order."

Dr. Kimball: "I move the adoption of the substitute."

Dr. Whelan: "I rise to withdraw my name. I am already a delegate from the Michigan Southern Medical Society."

Dr. Webber: "My competitor is a warm personal friend. I cannot permit my name to be used on this substitute against his."

Dr. Noyes: "I wish to withdraw my name as one of those nominated as delegate to the American Medical Association."

At this point it was moved that several names be substituted in Dr. Vaughan's report.

Dr. Pratt: "I rise to a point of order. Dr. Vaughan introduces a substitute for the report of the committee, and very properly characterizes it as his motion. It has been alluded to by others as a *report,* which will soon be corrected by this body. When Dr. Vaughan has fixed his *motion* (we do not known him as a *committee* of this body) we may be prepared to vote."

Dr. Vaughan: "What objection is there to names being withdrawn and others substituted?"

Dr. Pratt: "Until you have fixed your *motion* satisfactorily we do not propose to engage in motions to substitute. I was not aware that you were a committee of this body."

Dr. Vaughan: "I didn't speak of this as a *report.*"

Dr. Hitchcock: "I would like some information. I didn't come in as early as I would have been happy to. I would like to know what the *true inwardness* of this is. I don't know exactly. If anybody will tell me I will be prepared to vote."

Dr. Jerome: "Dr. Vaughan can tell you."

The motion to adopt the report of the committee was carried.

Dr. Herdman: "As no opportunity has been afforded newly elected members to complete their membership, and as they are not allowed by the law of our society to participate in discussions or vote on officers——"

Dr. Tyler: "The gentleman is out of order. It is now in order to proceed to the election of officers."

The President: "That is the decision of the Chair."

The secretary announced that the most of those elected had already completed their membership.

Dr. Hemenway: "As one of the applicants for admission, who has been voted on for membership, I beg leave to withdraw my name. I offered my name under the impression that this was a body formed for the purpose of scientific——"

Cries of "order, order!"

Dr. Southworth moved that the society proceed to an informal ballot for president.

The motion prevailed.

On motion of Dr. Tupper, the secretary was instructed to call the roll that members might come forward and deposit their ballots.

Dr. Smart: "I rise to present the claims of the southern part of this state upon this society. We do not come to beg of you. We are not in the attitude of claimants; but we have a territory in the southern part of the state which contains a number of medical men members of this society. We have an active working organization. For eighteen years in this society we have not had a representative in the chair. We think it due us that we should have. We think we have valid and cogent reasons for offering you a nominee for that position. We do not wish to offer you any one for the sake of giving him merely a personal support. We do not think it proper, or within the province of this society, to select a president for such reasons. We think it proper to select some man who is entirely independent of any of the various conflicting influences, whose action has been so apparent in this body, independent of any institutions; to select a man who shall purely represent the profession of this state, and outside the interest of any institution or body. I take pleasure in tendering to you the name of a worthy, long-established practitioner of the locality to which I have referred, a man for thirty years past in the front rank of the profession, and who has never trailed its banners in the dust, a member of this society almost from its inception, a man experienced in presiding, and one who will do honor to the position, whose election would be a fitting act of justice on your part. I present to you the name of Dr. A. F. Whelan, of Hillsdale."

Dr. French: "I have long known the gentleman spoken of by Dr. Smart. I have been with him in the field. I heartily endorse his nomination."

Dr. Hitchcock: "Perhaps some members of this society will remember that three years ago I advocated the candidacy of this gentleman; I advocated it *one* year ago, and we felt that it ought to have come to fruitage *then.* My advocacy of his candidacy is perennial. Not *annual,* but *perennial,* because friendship is enduring and professional confidence is enduring. I second his nomination, sir, not because he is a friend or a nominee of the University; not because he is a friend or a nominee of the Detroit Medical College; not because he is a friend or the nominee of the Michigan College of Medicine, but because he is a member of the profession of medicine, the working, active profession of medicine; because he has always honored that profession and stood up boldly and nobly. Some trees do not bear fruit until they are three years old. I believe this will be so with this man's candidacy. Three years and it will come to a fruitage."

Dr. Maclean: "I rise to move that Dr. Whelan's nomination be made unanimous. I move that this be done by acclamation."

A voice: "You can't do it."

Dr. Jerome: "The secretary can deposit the ballot for the society."

Dr. Maclean: "I want to say one word; it is this: I have advocated Dr. Whelan's claims as strongly as any member in years past. I felt pained that owing to my mistaken courtesy Dr. Whelan was defeated last year. It would be uncandid, unfair, and entirely out of character for me to stand up here and say I knew nothing of any other movement. I have enthusiastic friends, I might say admirers, who have proposed to oppose me to Dr. Whelan, and for reasons I do not care to go into. I still feel that the action of this society in the matter of electing a president is not essential. I admit Dr. Whelan has higher claims than I. He is an older man; an older member. I would not have been a candidate now, perhaps not for years to come, had I not been influenced by certain considerations. I move that the secretary be authorized to cast the ballot of the society for Dr. Whelan."

The ballot was deposited by the secretary.

Dr. Tupper: "The result of this election seems to be unanimous for Dr. A. F. Whelan."

The President: "Dr. A. F. Whelan, of Hillsdale, is unanimously elected president of the society for the ensuing year."

Dr. Tyler announced that in selecting the names of delegates the Committee on Nominations had, so far as practicable, inquired of members if they would like to attend the meeting of the American Medical Association. In making the nominations the committee had been largely governed by the replies received. He regretted that the names of any members who would like to go had been omitted.

Dr. Pratt: "The delegation has been divided as far as possible geographically. If there has been any favor shown any locality, it has been Detroit. Detroit numbers one-twelfth the population of Michigan. It has one-sixth of the representation."

Dr. Tupper: "If in order, I move that this question be referred to the president and secretary, and that they have power to fill any vacancies on the delegation."

The motion prevailed.[13]

Dr. Post (a partner of Dr. Ranney) asked permission to read his paper on "Water and Its Relation to Health and Disease" by title, as it was somewhat lengthy.

Dr. Palmer: "I don't think this is the best way to proceed. We can listen to a certain portion of the paper if the doctor cannot read the whole. I do not think this is a good precedent."

The lengthy report on the president's address evoked the following lengthier and spicier discussion:

Dr. Palmer: "I feel called upon as a member of the faculty of the University of Michigan to make some remarks, explanations and replies, I hope in an entirely impersonal manner and kindly spirit, to the severe attack, as I regarded it, and I believe the society generally regarded it, which was made by the president upon the University in his annual address. (When speaking of the University, I refer, of course, to the medical department.)

"It is hardly possible to enter upon this discussion without calling to mind the whole character of the paper as far as it referred to the University. All that preceded the remarks on the University by the president met my hearty approval. I was pleased with what he said about the recognition of medicine as a science. The president commenced on the subject of the University by stating (according to some notes I made at the time) that there was a want of harmony between the state society and the medical department. That there is such a want of harmony between certain *individuals* of this society and of the medical department must be admitted by all those who have observed the proceedings of the society for some years past; and this want of harmony was certainly demonstrated by the president's address. The medical professors (I, certainly), had an intimation of this attack a week or more ago. It came through a person residing at Lansing. Word came to us that there was to be an attack made in this society upon the medical department of the University—upon its very existence. Whether it was to come in the form of a resolution, or in some other way, we were not informed, and I wish to say that my own presence here, leaving my duties at the University, leaving my clinic and lectures, was in part in consequence of the expectation that such an attack would be made. Let me say further that not only am I here on that account, but that a number of the alumni of the University are here for the same reason. We are not here altogether with reference to any individual, but with reference to the interests of the institution we have been so long laboring to build up and establish. We have learned the mode of attack in the president's address, and we learned further the sentiment of some members in the strenuous effort which was made to have the address sent to the Committee on Publication without discussion.

"Now, medicine, by the *organic law of Michigan,* and of the University, is recognized as a *science,* and provision is made for its teaching. The president in his address very properly alluded to medicine as a science and an art. And I repeat, it is so recognized in the organic law of Michigan, and it will require a change in the organic law to have it otherwise. The president recognized the permanent establishment of the medical department, but attacked this policy, arguing against its necessity and propriety. He said there were physicians enough and more than enough in the country without such aid in preparing and educating them. Arguing against its propriety, the address descended to particulars. I wish to say again that I hope my remarks will be regarded as impersonal. Men are of little consequence comparatively;

they come and go. Institutions are of much more consequence, and principles are eternal. The *fact* of the existence of the medical department is clear. It was recognized as a fixed fact by the president, who seemed to think it must continue. He had no hope, apparently, of extinguishing it. He only proposed remedies for mitigating the evil, and the first suggestion he made was to have the University adopt means for securing a higher standard of study and attainments in the profession generally. Of course I shall not take issue with the president in regard to that proposition.

"Now what have we done in securing or endeavoring to secure higher standards in the profession? When the medical department was organized, I think almost every medical school in this country had terms of four months or sixteen weeks of lectures. Two such were required for a course. The University required six months in a term, and two terms for a course. The University has gone on since that time slowly increasing the amount of instruction, and the number of subjects upon which instruction is given. Extensive laboratories have been arranged for practical work. Within the last few years we have required an attendance on these courses of instruction of *nine* months each. We require an amount of laboratory work which I believe is *unequaled* by any medical institution in this country. We teach more practical chemistry, more practical anatomy, more practical histology, more pathological anatomy, more practical work day after day, week after week, month after month, year after year. I don't except even Harvard in the amount of work required of every student. During the last year particularly we have had courses of instruction in practical physiology not inferior to any course given elsewhere, so far as I know. Those terms of nine months, a thorough examination, calling in here the aid of the profession outside of the faculty, indicate our effort to do thorough work. We quite agree that it is the duty of the medical department constantly to raise its requirements and furnish a more complete and higher grade of instruction for students.

"*Second.*—The address stated the possibility and desirableness of combined action between the regents and the state society in securing legislation respecting the higher qualifications of physicians. This we would be glad to have done, and also to secure proper laws to protect the people against quackery. There is no issue here.

"*Third.*—We should stop the injustice of giving gratuitous treatment to patients. A particular proposition of that kind was made in the address. It was opposed to treating gratuitously paupers from county houses in the hospital and clinics, as disparaging poorhouse physicians. The president said those who were able to pay were treated gratuitously, and we were thus robbing the profession of their proper income. Now if we cannot have the poor to treat in hospitals, and cannot have persons who are able to pay, I would like to know how we are to have a hospital. How can any hospital exist if the president's objections are sound and his plan carried out? The proposition is equivalent to abolishing absolutely and completely all hospital and clinical instruction."

The President: "I wish to correct. I simply wish to say that with reference to the poor there was nothing said about them; the only reference to the poor being made in quoting from the address of Bishop Gillespie. It is looked upon as an advertisement."

Dr. Palmer: "Does the president say that he didn't make any statement in his address, that by taking the poor from poorhouses to treat, the poorhouse physicians were disparaged?"

The President: "The assumption made by Bishop Gillespie was disparaging to them. But in the recommendations the substance was that they treated those abundantly able to pay their bills."

Dr. Palmer: "A point once raised against us by the profession, and very justly, was that we had no clinical advantages. At first we had no hospital. Now we have, and clinical advantages. We have a very rich clinic, embracing chronic diseases of every character. We have made that clinic what it is at a cost of much effort. There is a certain number from among the abject poor picked up in the streets. In the State of Michigan, fortunately, we are not abundantly supplied with this class. We cannot have patients come to us from a distance, or from any place, without comparisons being made in respect to treatment, but the idea of *disparaging* physicians by taking patients who come to us is absurd. I do not feel I am disparaged by Dr. Connor [who was present] professing to make a specialty of diseases of the eye, and I am not disparaged by sending to him or others such cases. I do not think a county physician, who takes the business of the county-house because he is the lowest bidder, is disparaged by sending a case of cataract, for instance, to the University, to be operated upon by one who gives special attention to that operation. It is impossible, certainly, to have a clinic unless we can have the poor. Patients come to us; we receive and do the best we can for them, come from whatever source they may. We cannot always know their pecuniary ability. The objections of the address, if sustained, would close every hospital and abolish every clinic in the land.

"*Fourth.*—The next proposition is that the faculty should stop the 'greater injustice' of treating at Ann Arbor non-resident patients without giving the fees to the University. Well, now, a man who is capable of giving proper instruction, and is called to a position in the University, is supposed to have respectable professional ability. The idea that a salary of $2,000 or $2,200 should deprive him of the privilege of doing any business of a private character, I leave you to judge of. It seems absurd to us. The Regents of the University employ me and employ other men to do certain work. If we do what work we have to do, and do it well, our time is our own that is not necessary to the performance of that duty. The idea seemed to me very absurd that we should pay over the money obtained from private practice to the Board of Regents.

"*Fifth.*—The president proposed to stop what he called the unwarranted and extensive advertising of the college and hospital. At this point severe strictures were made upon Bishop Gillespie. I know Bishop Gillespie. He was my pastor for many years. I know what his labors have been in the State of Michigan as chairman of the Board of Charities. I know he has visited nearly or quite every poorhouse in this state, and examined into the condition of the inmates, the insane, the blind, the sick and the maimed. He understands this subject thoroughly. He is a man who has a heart large enough to embrace not only his diocese and his church, but God's poor of the state. He feels an interest in them and tries to relieve them of their sufferings. He has lived at Ann Arbor. When with us, nearly every Sunday he visited the jail and the poorhouse. He held services at these places, encouraged and comforted the inmates. He knew what we were trying to do at the University hospital. He had not the gift of miraculous healing like his Master, but was obliged to resort to human instrumentality to relieve suffering, and he referred to the instrumentality he thought most efficient in accomplishing his object. To have such a man arraigned in an address in this way, as improperly advertising a state institution, seems to me extremely out of place. But, however wrong, in his desire to relieve suffering, it may have been for him to have made the remarks he did, we certainly are not responsible for them. We knew nothing of them until they were uttered and published. The bishop is alone responsible for what he said, and he can well afford to bear that responsibility. Bishop Gillespie is above such criticism. He not only *deserves,* but he *receives* the gratitude of the people of Michigan for his benevolent efforts for the afflicted poor of the state.

"The University is accused of advertising! Whenever we, of this society, publish our transactions, we are advertising ourselves, necessarily. Every physician who treats a patient, through that patient advertises himself. There has been no improper advertising on the part of the University. No one can put his finger upon an instance of unjustifiable, laudatory, or improper advertising. The strictures were entirely uncalled for and unwarranted. Are we to retire into our shells and suppress the fact of the existence of the hospital or school? Can we build up and maintain a school or fulfill our duties as professors—duties imposed upon us by the law of the University—by saying and doing nothing to build up the hospital or sustain the school? Are we, indeed, under obligations to prevent others from doing so? Can any institution be built up in this way?

"*Sixth.*—The address stated that we should consult the State Medical Society or profession of the state in the appointment of professors."

The President: "It was suggested whether it might not be practicable in the interests of harmony. I did not arraign Bishop Gillespie, except to quote his own language."

Dr. Palmer: "Well, how is that done? How are professors selected? The faculty do not select them. They have nothing to do but answer questions and give advice when asked. The professors are selected by the Board of Regents, who in turn are elected by the people for that purpose. They do as they please; we have no power in the matter. They have put professors in the University who have wounded our feelings certainly as much as those of anybody else. It is impossible for the regents to go to the state society, or the profession at large, when a professor is to be selected. These are the principal charges made in the address. What does the whole amount to, or what is proposed as the remedy for the alleged evil? Just this: Suppressing the fact of our having a medical college, the abolition of hospital and clinic; the complete suppression of the medical college, shutting it up and extinguishing it; to induce the state and the University to withdraw their recognition of medicine as a science; to destroy the efforts being made to elevate the standard of medical teaching; to send students to short term private schools without proper laboratories or adequate means of instruction, and to send poorly educated physicians into the world! To have these views go into the transactions as a matter of medical policy seems to me to be a very great injustice, and to be opposed to the sentiments of the majority of the members of the society. The effort made to avoid any discussion of the address seemed to be not a fair thing."

Dr. Pratt: "Was there such an effort made?"

Dr. Jerome: "None here."

Dr. Palmer: "I repeat I have made these remarks in no bad spirit of fault-finding with the president's address. Personalities where principles and institutions are concerned are out of place. I shall not indulge in them. The matter is of little consequence whether a particular man is president of this society for a year, or whether he is ever president, but it is a matter of consequence that the University should not be disparaged by such unfounded charges emanating upon it from this body."

Dr. Maclean: "As a member of the faculty of the University, I feel called upon to say a word or two on this subject. In general terms I heartily endorse every single word Dr. Palmer has uttered. I have never heard him make a speech containing more true eloquence, or more to the point than this. If the members of this society will come to Ann Arbor and go with us to the hospital and laboratories and see for themselves the work we are doing, the effort we are making to elevate the standard of medical education, I think they will have a very different view of this whole subject, and come away with very different impressions. They must admit that we are strenuously, energetically, and honestly trying to do our duty to students, state, and profession. Charges are made that we interfere with the private practice of general practitioners of the state by our free clinic. I have as many patients at my clinic as any other member of the faculty. Not one in forty but comes there with a letter from his doctor at home. In a majority of cases the doctor comes and remains with the patient until the operation is over. That is the general fact. I challenge any member to place his finger on one fact or bring one instance (speaking for myself), where a patient sent to us by a doctor in the country has gone back discontented with his doctor at home. Show me one case where a doctor has been otherwise than bolstered up (not to say that the doctor often requires bolstering up). Patients, as you know, are prone to go about from one doctor to another.

With earnestness I say that the policy of the medical faculty is universally to aid and assist professional brethren. It frequently happens that poorhouse surgeons have cases that they haven't the time or appliances to treat. Is it not a convenience for them to have a place to send them? In almost every instance they come with letters from the doctor. The only doctors I have ever heard complain of the University robbing them, have been poor young fellows who hadn't got to that stage where they were pressed with work. It takes time and age to establish a reputation. Such men as I speak of are the only ones that feel themselves injured. It seems to me that it is a sad spectacle—the State Medical Society turning its energies to pulling down a great medical institution. It would seem as if we had struggles enough in getting on without being attacked by our friends. There are plenty of subjects on which we can combine with great force and advantage—subjects injured by the want of harmony, concentration, and attention on the part of the medical profession. If we could, for instance, combine our forces with a view to obtaining that legislation which is so much required by the people of this state. Unfortunately the great difficulty lies in a want of harmony, and year after year we have met with disappointment. I trust my venerable colleague, Dr. Palmer, will live to see the time when the medical profession will make a grand effort to elevate the profession of medicine in this state. The interests of the profession will never be elevated by attacking the conduct of a man like Bishop Gillespie. We have treated wealthy patients at the University. We do so at times without knowing it. We do all in our power to prevent those who are able to pay being treated gratuitously. The resident physician has instruction to discourage such patients. They sometimes take advantage of us. I don't see how we can help this. We pick up all classes of invalids during term time, and treat them without fee or hope of reward. The motto of the hospital has been the same as that above the entrance to the Old Royal Infirmary of Edinburgh, 'I was sick and ye visited me.' "

Dr. Hitchcock: "I would like to ask what the condition of this business is. Has the report of the committee been acted upon, or is it before the house for adoption?"

The president explained.

Dr. Hitchcock: "With regard to this whole subject, I don't wish to say much. Sometimes perhaps there have been instances in which patients have gone to the University. Why, I cannot answer. One case I remember of my own where I had proposed to operate, had fixed the fee, etc. Some friends of the patient pressed him to go down to the University. He had a right to go. They had a right to see him. He was operated upon at the University and I heard later that it cost him three hundred dollars, whereas I proposed to operate for one hundred and fifty dollars. I was very glad that it cost him all it did, too. It is competition after all. Now I don't believe he was put into the hospital and made a charge on the state, the doctor taking the fee. The doctor, once in a while, gets called out where he treads on my toes; but this is fair competition. If he can do the operation, charge about twice as much as I do and persuade them to pay him, I don't see why he should not have the privilege. I am going to keep away from him all I am able. I don't see what good it is going to do us to talk this matter over here. I don't think these gentlemen mean to be mean. What is the use of bringing these University questions into the society every year? We had better go to something higher. I think that the science of medicine is above the University. The society had betted stop talking about the University and develop something in the broad fields of medical science far beyond the University. Let them overtake us if they can."

"Now, Mr. President, I move to lay the report of this committee on the table. It will carry the whole subject with it. I want it to stay on the table."

Dr. Maclean: "In regard——"

Dr. Brodie: "I call the doctor to order."

Dr. Maclean: "In regard to the patient who came to me I am reminded of a little story. There were nineteen reasons why a man didn't come to dinner. One was because he was dead."

Dr. Hitchcock: "That patient was not dead, doctor."

Dr. Maclean: "No such case as that ever occurred."

Dr. Hitchcock: "I don't suppose that this motion prevents the president's address from being published in our transactions?"

Dr. Brodie: "That's the object."

Dr. Hitchcock: "That is not the object of it, Dr. Brodie. I certainly wish the president's address published."

Dr. Pratt: "Yesterday, after the reading of the president's address, the usual motion was made and carried, and its reference to the Committee on Publication was made. The impression seemed to prevail among some that that action was to prevent any discussion of it. Accordingly we moved a reconsideration of the motion by which it was referred to the committee. The motion was reconsidered and the president's address is still before this society, just as though no action had been taken upon it. Now, then, a motion to lay that report upon the table carries the whole subject matter with it, president's address and all. I move as an amendment to the last motion that the president's address be referred to the Committee on Publication. If they wish, the report of the committee may lie upon the table."

Dr. Brodie: "I am in hopes Dr. Hitchcock will withdraw that motion. I think it one of the strangest things that ever occurred in the history of this society."

Dr. H. F. Thomas: This is the first time I ever knew Dr. Hitchcock to be unfair. Three speeches in opposition to the report and then a motion to lay on the table! I can see no objection to the report of the committee. They only state that they see no reason why certain subjects could not be discussed. They have been and are being discussed."

Dr. Griswold: "That portion of the president's address only is before us that was reported by the committee."

The President: "I do not care to discuss the question, but would like an opportunity to make an explanation. I said what I had a right to say as a citizen of the State of Michigan, and as a member and officer of this society. I have nothing to take back, no apologies to make, and I don't permit anybody to fix up my address. It is in my possession and I can take it home."

Dr. Herdman: "I don't think Dr. Hitchcock, or any member of the medical faculty, has any desire to cut off discussion. I am exceedingly desirous of hearing all that can be said. Dr. Palmer has most admirably met their objections——"

Called to order.

Dr. Hitchcock: "I will beg leave to withdraw the motion for the time being."

The Vice President: "The question is on the acceptance and adoption of the report of the committee."

Dr. Brodie: "I understand Dr. Hitchcock has withdrawn his motion temporarily, so as to allow discussion. It would seem that the medical department of the University is a sacred thing, and no one has a right to express an opinion outside of its faculty. As a citizen of the state, I claim the right to express my individual opinion. There is no such thing as ownership because a person may happen to be a teacher, a warden, or a superintendent in our state institutions. They are simply performing certain duties for the state. The president has but expressed his opinion how certain things have been done to which he objects. The impression has gone abroad, and arose in the city of Detroit, that the hospital at Ann Arbor is used for private purposes."

Dr. Herdman: "It is not."

Dr. Brodie: "That people of wealth and people outside the state can go to that hospital and pay their fees for being operated upon."

Dr. Palmer: "That is not true. Whoever reports that is mistaken or tells a falsehood. I never charged a patient one penny for anything done in the hospital, and I don't believe other members of the faculty have done so."

(Applause.)

Dr. Brodie: "It has not been customary in this society that a gentleman having the floor should be clapped out. I am telling you what the opinion is in this state. It is not confined to Kalamazoo or Washtenaw Counties. It is that people go to that hospital and pay their fees for being operated upon. It don't [*sic*] make any difference to me personally, but that is the impression. I mean to say that as an individual member of this society and a tax-payer of this state I have a right to express my opinion. This is a free country. They have no right to attack me for speaking my sentiments, nor have they a right to condemn the president for expressing his opinion. This is the first time in the history of this society that any act of the kind has been done. I am charged with 'choking down.' The president's address was referred, as has been customary for eighteen years. I was charged with making this motion for the purpose of cutting off debate. It has not been customary to debate the president's address. There was no intention to interfere with any debate. This motion to lay on the table carries with it the president's address."

Dr. DeCamp: "I think Dr. Brodie mistaken. I remember I had the fortune to be president of this society once myself. Because I said some things about blood-letting, a committee was appointed to consider some of the points in the address. The address was accepted, published, and the committee reported on the subject matter of the address. The committee was appointed to report to the society the next year."

Dr. Brodie: "I think you asked yourself that a committee be appointed."

Dr. DeCamp: "I see no reason why we should not adopt that plan, then take up this matter referred to the committee as an independent affair."

Dr. Pratt: "I move as a substitute that the president's address be referred to the Committee on Publication for publication; that the report of the committee be referred to the same committee for publication; that the discussion and remarks be also referred to the Committee on Publication for publication."

Dr. Boise: "I request the president for the sake of harmony in this society to withdraw that portion of his address. I move this as an amendment."

Dr. Ward: "I think the society is abundantly competent to vote now. For the purpose of shutting off further debate, I move the previous question."

The motion prevailed.

The amendment of Dr. Boise was lost.

Dr. Pratt's substitute prevailed.

Dr. Herdman moved that Dr. Palmer be permitted to prepare his remarks for publication.

Dr. Jerome said the same privilege should be extended to others.

Dr. Pratt: "I am not afraid of discussion, sir, nor am I disposed to squelch any man's individual expression of opinion. When it was charged yesterday that there was a disposition to 'choke off' debate *it was not true.* I propose now to move an amendment to Dr. Herdman's motion. It is that the secretary be requested to furnish a report of the remarks made by the gentleman on this question to each gentleman making remarks, for his correction; so it may appear in the journal as nearly as uttered here as possible."

* * *

Anyone who knew Dr. Brodie will enjoy and fully credit his remark offered in connection with a resolution of thanks for the entertainment and hospitality extended the society.

"This meeting, though perhaps not pregnant with as much science as former meetings, has been nevertheless profitable. We see too much science. We get to be tired and sick of it. We have a double object in view in these little meetings. They are not purely scientific nor purely social. I like to come here and meet my old friends and have a little spar with them, too. It don't hurt my feelings a bit. I have enjoyed this meeting very much, indeed."

And in the opinion of the History Committee member who has prepared this article it would have been a distinct loss to the present generation of physicians had it been omitted or indeed materially abbreviated. It is to the writer a rare and, at this distance in time, delightful human document. Furthermore the discussion (disputation?) deals with questions of practical present-day interest—those which in the lapse of years have not yet been fully ironed out. The intriguing and amusing matter is that of approach and the revelation of the psychology of the participants. One can scarcely conceive of any such episode as occurring at the meeting of the State Medical Society during the current year. It marked a period of professional evolution and the actors on the medical stage were a product of their time. They were hewing a way and the present generation reaps the benefit of their apparent ruthlessness and aggressiveness. They met difficulties in the pioneer spirit to which the state in every department of effort owes its magnificent development. The structure of tolerance and compromise was to come later. At that time they were breaking stone for the foundation.

And let it not be forgotten or overlooked, "there were giants in those days."

The action of the State Medical Society of New York in incorporating in 1882 in its code of ethics an article antagonistic to that of the American Medical Association, gave Dr. Connor and other conservatives no end of trouble. It was:

> "Members of the Medical Society of the State of New York and of the medical societies in affiliation therewith, may meet in consultation legally qualified practitioners. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity."

Dr. Connor's editorial[2] apropos this action would cause a flood of tears from a ground mole. There were "barriers broken down" and a' that; but the painful episode need not further be discussed, pertaining as it does to universal and not, strictly speaking, Michigan history. Suffice the remark that in the fullness of time all seams were caulked and the medical ship made seaworthy. However, before the limbo of forgotten things becomes effective in jurisdiction, it seems pertinent to add that—

"The action of the New York Medical Society seems to have impressed them (the homeopaths) that their day of triumph is near at hand. Is this a time to cry 'peace, peace'? Has the regular profession no principles that it is ready to fight for?"[2]

There was no question as to the sympathies of a majority of the membership of the State Medical Society in 1884 when Dr. Maclean was elected president by a majority of sixty-three over the venerable and worthy Dr. French of Battle Creek. In presenting the latter's name, Dr. Smart of Hudson said:

"Mr. President and Gentlemen: Those present at the meeting of this society at Kalamazoo last year will remember that I presented as a candidate for the presidency of the society one of its oldest and most distinguished members. This choice you saw fit to accept and ratify. I now take pleasure in presenting for your suffrages the name of another of the older and honored members of this body, a gentleman whose locks have been silvered in the service of the profession; one who has been always a faithful attendant at the meetings of the society and has labored unceasingly for its interests; a man who stands well at home, where honors have been heaped upon him; twice he has been called to the highest office in the gift of the city where he resides. To such men who have grown gray and bowed with years of honorable service in the profession and in the interest of this society, belong its honors and emoluments. In placing such a man in the chair of the presiding officer we shall do honor to ourselves and a grateful act of justice to the recipient; it is with pleasure I present to you the name of S. S. French of Battle Creek."

Dr. Maclean was nominated and the nomination supported by Dr. C. T. Newkirk in the following words:

"Mr. President, Ladies and Gentlemen: In behalf and by request of a large number of the younger members of the profession, I rise to support the nomination of Dr. Donald Maclean. In a recent great convention held in this country the young men sought and obtained recognition; in fact it seems to be the young men's year. I trust it will not be varied in the election of the president of the State Medical Society. I am of the opinon that the president of this society should be one who has done something for science. It is urged that Dr. Maclean's opponent was a surgeon in the army during the late war. Dr. Maclean not only served in the army during the war but was a distinguished surgeon. He is an honored professor in the State University. If we had no other proofs of his devotion to the medical profession we have only to note the cases he presented to us yesterday. He is doing a great work throughout the state; his fame is not confined to the city in which he lives, but has spread throughout the whole west and the

Dominion of Canada. The doctor is a friend of every honest medical practitioner in the state, and is always ready to lend a willing and helping hand to those who have not had the same opportunities as himself. The older members of the profession have ruled this society for a long time; not but what they have done it wisely, but I am in favor of infusing young blood into the institution, reanimating it, and making it an honor to the state.

"This society should not be run in the interest of cliques and individuals, but purely in the interests of science. I trust, gentlemen, that you will have the good sense to elect Dr. Maclean. From what I know and have seen of the large number of medical gentlemen gathered here, no doubt the most representative body of the class that has ever met in the State of Michigan, I feel that his election is assured."

Said Dr. A. B. Palmer in 1884 to the State Medical Society discussing a motion to lay on the table a communication from the Women's Christian Temperance Union:

"I hope for the honor of the society and the profession that the motion to lay this communication on the table will be withdrawn, and that it will be properly referred for consideration and discussion at our next meeting."

And virtue had abundant reward the following year when the president "introduced Mrs. J. M. Kinney, of Port Huron, who, in behalf of the Women's Christian Temperance Union, presented Prof. A. B. Palmer a beautiful bouquet." (1885.)

The writer was not "among those present" at the latter meeting and is therefore unable to record impressions of Dr. Maclean's physiognomy as he introduced the bouquet bearers.

Some of the Participants in the Homeopathy University Drama

Dr. James A. Brown was the soul of hospitality and his sense of humor was keen. This he did not lose during the long months of racking pain (he suffered from caries of the vertebræ and paraplegia). "Where are you going, Frank?" he inquired of his son, as we were leaving him. "Nowhere in particular" or something equivalent was the reply, whereupon he casually remarked, "I understand they have a new bar at the Russell House."

With the advent of the Chinese in considerable numbers during the latter part of the nineteenth century came to him a large clientele. They were extremely clannish and imitative, and without exception sought his ministrations when ill. "They like strong and unpalatable medicine," I once heard him declare. "A simple bitters, gentian, quinine will answer in the ordinary prescription, but when they're very sick I put in a little quassia."

He pressed my hand on the occasion of my last visit and said with just the suggestion of emotion in his voice, "Well, boy, I shall never see you again." His sweet soul took flight a few days later.

Dr. Brown and Dr. James F. Noyes were for years fast friends and were accustomed, after their morning's work was done, to drive together "here and there" with an appetite for luncheon in view. They rode behind Dr. Brown's spanking team, Dr. Brown, attired in what would be regarded at the present time correct evening dress, making an impressive appearance. Eventually their friendship sustained a fracture, from what cause I never learned, but it was not repaired until just before Dr. Brown's death, when Dr. Noyes made a sympathetic call.

Though no orator, Dr. Brown was a shrewd politician and was highly influential in the group which was opposing compromise in the University-Maclean-Frothingham-Homeopathy controversy. He was born in Charlton, Saratoga County, New York, October 8, 1817; studied medicine at Geneva and at Albany Medical College; was graduate at Willoughby Medical College in 1842; practiced at Chagrin Falls, Ohio, at first; moved to Detroit in 1847.

He was twice vice president of the Michigan State Medical Society, was the first president of the Detroit Medical and Library Association and a member of the American Medical Association.

He was at different times trustee of the (then) Michigan Asylum for the Insane, Kalamazoo, and of the (then) Eastern Michigan Asylum, Pontiac. He was for many years surgeon to the Marine Hospital in Detroit and physician to the Detroit House of Correction.

His fellow physicians, Drs. Brodie, McGraw, Noyes, Morse Stewart, Eugene Smith, Klein, Gilbert and Hawes, speaking of him at a memorial meeting, concurred in the expression that he was "one of the most agreeable and successful physicians of the city."[9]

His was indeed a delightful personality. One who knew him well will, until the end of his life, cherish esteem and affection for him and for his family. His son, Frank W. Brown, also a physician, was a classmate and boon companion of the writer.

"Of the real inner life of Dr. Brown," says the *Detroit Lancet*, "it is impossible to speak here and now. Of his kindly regard for and material assistance to young medical men, many can bear grateful testimony. A large head and a larger heart were ever at the service of his patients and friends. In a quiet way he was ever performing deeds of real benevolence. A word or an act in season he knew how to tender to the needy in such a manner as to win their lasting gratitude. His calling he looked upon as a profession—infinitely elevated above any or all trades. It was his delight ever to honor this calling, both in public and private life. As a true physician of the olden type and a noble gentlemen, his memory will long be cherished by both the profession and people of this city and state."

Dr. Donald Maclean in his prime was one of the most delightful of men. His friendships were strong and dependable, his attitude in the sick room a benefaction to the invalid and a ray of sunshine among his anxious attendants. He was highly gifted as a surgeon, operated handsomely, but was never showy or spectacular. He was a pupil of Syme of Edinburgh and often quoted him to his classes.

He was once called in consultation in a surgical case in the family of "one of us." Practically an entire day was consumed in the ministration and the question of compensation at least for "travelling expenses" was insistently present in the mind of his beneficiary. A modest check was forwarded. And collected? No—not by any means. It was returned with the following laconic and amiable expression: "Dear Doctor: When you are well-to-do, as I sincerely hope you sometime will be, if then perchance I am as poor as I expect to be, I'll accept this check but not before. With best regards and all good wishes, Donald Maclean."

Writes Dr. Maclean—"Apart from all controversy (which I hate) and in the interest of scientific surgery (which I love) permit me to state the following interesting and relevant case."[7] It was "*In re* Antiseptic Ovariotomy" and the date of the successful operation, 1883.

He certainly did hate (?) controversy.

"Dr. George W. Topping died at his home in DeWitt, Clinton County, January 14, 1895, at the age of sixty-seven years. He had been sick for several weeks, but it was thought he was getting better. The doctor died while sitting in his chair reading his mail matter. He rallied from his former illness which began last fall, and had so far recovered as to be able to go to Lansing. He was born at Mentz, Cayuga County, New York, December 11, 1828. He spent his boyhood days on a farm, and attended the district school, then went to Groton Academy, and later studied in the Normal School of Albany, where he was given a free scholarship. He taught school for some time, and then entered the office of Dr. J. V. Griggs of Montezuma, and commenced the study of medicine. Later he studied with his brother-in-law, Dr. W. S. Alaben, and took one term of lectures in the Wooster University, of Cleveland, Ohio. He then went to California, where he spent three years in mining, after which he returned to Lockport, New York, and took up the study of Latin and German. In 1853 he entered the medical department of the University of Michigan, and in the spring of 1854 received his diploma, and at once settled in DeWitt, where he pursued the practice of his profession until his death. Dr. Topping was president of the State Medical Society in 1882, and was a Mason; a man highly esteemed by his profession as well as the laity . . ."[13]

Dr. Topping married a sister of Dr. L. Anna Ballard of Lansing.

A "Topping" (G. W.) report in 1881 on alcohol in medicine from a committee appointed by the State Medical Society in response to a communication from the Executive Committee of the W. C. T. U., contains this pungent expression anent reckless prescription: "Yet we would not so far forget our duty to our patients as to refrain from giving them the remedies believed by us to be best suited to remove their infirmities, even though it should result in the use of alcoholic remedies. 'To eat no meat or drink no wine lest it cause a brother to offend' may be a good Christian precept, but we very much doubt if any conscientious physician can withhold wine from a patient, who would clearly be benefited by its use, lest perchance some reckless mortal should misuse and misapply the wine, and thereby convert it into an evil."[2]

Dr. George E. Frothingham was a keen, impressive and convincing speaker. The persuasive manner in which he addressed students in the prosperous and nation-wide popular clinic which he built up at Ann Arbor was very like that of a contemporary, the celebrated John C. Dalton, physiologist of New York.

Biographies of Drs. Maclean and Frothingham appear in Volume I, Chapter IX.

In the University controversy ranged alongside Dr. Maclean was Dr. William Brodie, who was later (in 1886) president of the American Medical Association. He was a "friend indeed" to those whom he liked, an implacable foe to the—doutbless undeserving—whose methods he failed to approve. He enjoyed a large and successful practice in Detroit; was surgeon to various civic organizations and chief surgeon to the Grand Trunk Railway System.

On a trip to Canada, "one of us" carried a suspicious looking but entirely innocuous roll. "Pass this boy's baggage," he wrote to the Canadian Inspector, "He's all right." It is related of him, with how much truth the writer cannot vouch, that at one time he would not trust a fever thermometer. Be this as it may he certainly had "tactus eruditus" when it came to diagnosis.

With other varieties of "tact(us)" he was not unduly burdened, but extraordinarily fond of him his friends were. And those who enjoyed his friendship could have their way in his house unhampered, undisturbed; men, for example—boys then—like dear old Tracy Southworth of Monroe, his sometime student, and Dr. Frank W. Brown, who lived with his father, James A. Brown, just across Lafayette Avenue. (*See* Volume I, Page 603.)

William Brodie was born of Scottish parents at Fawley Court, England, July 26, 1823. The lad migrated to America with his parents in 1832, where his father procured a farm about twelve miles from Rochester, New York. The son was educated in the local school and at the High School of Brockport, New York. At the age of twenty-four he decided to become a physician, and in 1847, he studied with Dr. William Wilson of Pontiac, Michigan. This period was followed by a year's attendance at Berkshire Medical College, Pittsfield, Massachusetts, then a year at the Vermont Medical College, and lastly at the College of Physicians and Surgeons, New York City, where he was graduated in 1850.

Immediately after graduation he began the practice of medicine in Detroit. Dr. Brodie, the remainder of his life, was actively identified with medical and civic associations. He was president of the Wayne County

Medical Society continuously from 1876 to 1890, with the exception of two years. He was president of the Michigan State Medical Society in 1876. He was secretary of the American Medical Association in 1857 and received the highest honor in the gift of the American Medical Association, namely, its presidency, in 1886.

Dr. Brodie was the first surgeon to volunteer from Detroit for service in the Civil War, where he was commissioned surgeon of the first regiment of the Michigan volunteers. He took charge of the wounded at the first battle of Bull Run. Dr. Brodie practiced surgery long before the era of antiseptics, yet his patients in large numbers recovered despite the lack of knowledge of antisepsis. This has been explained by the fact that Dr. Brodie was naturally clean, not only neat and clean about his person, but extraordinarily clean with his instruments.

He was at one time editor of the *Peninsular Journal of Medicine and Surgery,* and also of the *Therapeutic Gazette.* He had for a long time been identified with the Detroit Board of Health and was at one time an alderman of Detroit. He was also at one time a professor in the Michigan College of Medicine as well as its successor, the Detroit College of Medicine. Dr. Brodie is the author of many scientific papers on both surgical and medical subjects.

He is described as being five feet, ten inches tall, as having reddish grey hair and closely cut whiskers, perhaps the so-called Van Dyke beard. He was of medium weight and possessed a nervous and energetic temperament. He was a man who deemed principle worth fighting for. Several obituary notices in medical journals of 1890 independently emphasize this feature of Dr. Brodie's character, namely, loyalty to conviction. In November 1851 he married Jane Whitfield, who survived him at the time of his death, July 30, 1890. The family consisted of one daughter and two sons, one son, Benjamin, having followed his father's profession. Dr. Brodie was chief medical officer of the Grand Trunk Railway in the State of Michigan.[10]

In his address as president of the State Medical Society in 1876 Dr. Brodie touches upon a variety of subjects, all of interest; among them he urges that the members "be not diverted by outside issues from the straight way that leads to unity, harmony and strength in all and every matter pertaining to the great and noble profession of legitimate medicine." By the hypercritical this may not be regarded an altogether consistent attitude in view of his aptitude for wordy warfare—but "consistency" is a word without practical significance anyhow.

He deplores the fact that the medical field is opened "to any and every person whether educated or ignorant, qualified or unqualified to practice the healing art" and that the state is "overrun with all varieties and grades of medical impostors." He advocates—and this is the important point in view of the much later movement in this direction—"a full three years' graded course of study" and that the requirements for admission (to the medical department) he made equal to those necessary for entrance to the scientific. He makes an admirable recommendation that the systematic study of insanity be incorporated in the medical college curriculum.† With the then current pessimism, however, he admitted that "it is a hard thing to confess the fallibility of science in the care of a diseased mind, yet the fact nevertheless remains."

And as to specialism in general he quotes Dr. Robert Barnes in the *London Lancet* thus—"I have recently been honored by a lady of typical modern intelligence who consulted me about a fibroid tumor of the uterus; and lest I should stray beyond my business she was careful to tell me that Dr. Brown-Séquard had charge of her nervous system, that Dr. Williams attended to her lungs, that her abdominal organs were entrusted to Sir William Gull, that Mr. Spencer Wells looked after her rectum, and that Dr. Walsh had her heart. If some adventurous doctor should determine to start a new specialty and open an institution for diseases of the umbilicus—the only region which as my colleague, Mr. Simon, says is unappropriated—I think I can promise him more than one patient."

Away with the quips about the sense of humor being non-existent in the British Empire.

Dr. James H. Jerome of Saginaw, an outstanding figure in the most interesting of all medical controversies that have ever arisen in Michigan, died in the seventy-first year of his age, in Saginaw, August 8, 1883, of inflammation of the liver.

Recount his biographers, Dr. Geo. E. Ranney and Dr. H. B. Baker, "He was of vigorous intellect, keen perceptions, retentive memory, and independent character, and his manners of mingled courtesy and dignity marked him an old-school gentleman, alive to the issues and important questions of the day and age in which he lived.

"He helped to organize in 1866 the Michigan State Medical Society, did much to shape its policy, was twice elected its president and did as much as any other member to promote its interests.

"His sense of honor, especially among his professional brethren, and his stout opposition to every infringement of the code of medical ethics both in the society and out of it, made him an enemy to pretenders of every description."[9]

Dr. Jerome had a fine literary style. In a letter to Dr. O. C. Comstock, president of the Michigan Pioneer Society, he writes gracefully as follows:

"For many years of my life I have experienced much of the care and adjustment of fragmentary humanity in its evil hour, while to me it has been reserved to my seventieth year to know just how it was myself . . .

"It is a common understanding that as one's years advance the days and nights follow each other in more rapid succession than in the springtime of our life. Such has not been quite my experience for the period above mentioned. In early life our pleasures are in prospect, in later years they are mainly in retrospect.

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†Everyone in the submerged "mental disease" specialty of that period—"psychiatry" was in the womb of the far distant future—will recall the contemptuous, almost universal expression of physicians, "I know nothing about insanity." This was worn as a badge, the implication apparently being that the speaker had assembled adequate information on every other subject.

"I can scarcely call to mind a period of greater satisfaction than the one enjoyed at the last meeting of the society in Lansing. The occasion partakes more of the nature and interests of our Methodist love feasts . . .

"The privation to me gathers force from the consideration that we have less assurance of opportunities beyond the present. In spirit I am with you and earnestly hope that at your next gathering I may be present, a bodily presence. Until then, please accept my filial regard for such as are more favored than myself."[9]

From the transactions of the Michigan State Medical Society, 1884, it is learned that he was born at Cochecton, Wayne County, Pennsylvania, September 28, 1812, and removed to Michigan with his parents when a lad of about 15 years. His father died, leaving him, at the age of 18 years, to battle with life comparatively alone. He attended district school and had one year's tuition at the Ovid Academy. He served an apprenticeship as a hatter and followed that business until 1834, when he commenced the study of medicine and surgery with Dr. Moses Tompkins, near Hector, New York, attending the Geneva Medical College in the winter of 1834-1835. He attracted the attention and friendship of Dr. Willard Parker, professor of anatomy and physiology, by his talent in these branches.

Returning to Michigan, where his family had preceded him, he was employed in the land office at Detroit as a clerk under Major John Biddle, and subsequently under Michael Hoffman, and became very expert in the business of the office.

He finished lectures at Geneva College in the winter of 1837, received his diploma from the Board of State Censors, and commenced practice at Trumansburg, New York, where he soon acquired an excellent reputation as a physician and surgeon, and filled various honorable positions in medical societies. In 1855 he received the honorary degree of M.D. from Hobart Free College, and in July of the same year was elected professor of anatomy and physiology to his *Alma Mater*. In 1858 he was appointed physician-in-chief of the marine hospital at the port of New York; terminated his labors at Geneva College in 1859, and entered on his new duties in May of that year. He soon after resigned on account of differences with the commissioners of immigration, and returned to Trumansburg.

In 1865 he removed to Saginaw, Michigan. There he engaged in agriculture and lumbering quite extensively, and as these interests gradually absorbed his attention he ceased active practice, but never lost his interest in his loved profession and his regard for the society of his brothers in the practice of the healing art.

His domestic relations were characterized by deep affection, and his genial smile was the sunlight of the household, where his loss is most keenly felt. His intercourse among his friends was of the most cordial character, his hospitality ample, and his friendship deep and lasting. Quick to oppose what he thought wrong in a friend, as in others, he reminds us of the proverb, "Faithful are the wounds of a friend, but the kisses of an enemy are deceitful."

Dr. Jerome was president of the Board of Counselors of the Detroit Medical College at the time of his death, and had been a member since its organization.

Papers by Dr. Jerome included "The Treatment of the Michigan Insane," which appears in the Transactions of Michigan State Medical Society, Volume I, and "Domestic Sanitation," published in the Transactions of Michigan State Board of Health, 1881.

Dr. Jerome entered upon the duties of president of the State Medical Society, 1868, "with no ordinary emotion." He was reminiscent and mentioned landing at the City of the Straits forty years before. There he soon knew each inhabitant by name.

Of physicians Drs. Henry, Hendry, Chapin, Hurd, Brown, Hall, Clark and Whiting, the latter two were then living. He mentions feelingly a "convivial occasion" one year before when Dr. Whiting gave early reminiscences.

Concerning schools, hospitals, infirmaries and asylums of Michigan, he inquires, "Is there anything more Godlike in this world than the erection and full equipment of institutions where the sick, the lame, the palsied, the blind, the deaf, the speechless or the bereft of reason may find a home and a shelter from the pitiless awards of individual charity?" Who "would covet a greater honor than a recognized agency in the establishment and endowment of institutions of this character?" "Is it arrogance in me to claim," he asks, "with unpretending confidence that foremost in the creation. maintenance and perpetuity of these institutions were the members of the medical profession in this state?"

Discussing "vitalism and organism, humanism and mechanicalism, eclecticism and galvanism, beside a multitude of minor 'isms'," he inquires, "Are they dead brethren, or do they sleep?" And answers, "They are not dead, but are like the caterpillar of today that coils himself in some nook or cranny to await the coming of the new year, when his successor on gilded wing shall come forth far more beautiful and attractive than the original worm."

He takes a hand in the University muddle. When it, "as a whole," he says, demands enlargement for the better accommodation of its growing patronage, and the maintenance of its prestige, requiring aid beyond the limits of its original endowment, and an application is made to the state legislature for such puropse, they are met at the threshold with the seducer's proposition that if the only self-sustaining department in the entire institution, with the single exception of the law, will doff its chastity, prostitute its virtue, lay aside its distinctive characteristics, and cohabit with the merest tissue of fanciful speculation that ever issued from the brain of a pretended philosopher, and give tone and character to a more than half extinct dogma, the sugar-plum of their debasement shall be meted out. A proposition more monstrous, who can conceive?

"To the honor of the Board of Regents it may be said that the legislative proposition was so repugnant to their sense of justice and propriety as to cause them to repel with just indignation the proffered aid, pregnant with such humiliating conditions, and for a time the friends of the University, reposing confidence in the virtue and stability of these guardians of a sacred trust, felt no concern for its safety or welfare. Such tempting bait, however, could not long remain on any conditions within their grasp without producing its usual effect.

"And the solution of the difficult problem was undertaken upon a purely financial basis, and after a year's delay and a habit of familiarizing the mind with the subject once so abhorrent to their better sense, and the interposition of Divine Providence in the removal of an honored member of their board, with most unfortunate substitution, the obstacles once so formidable were so far modified that this legislative bantling might be led by some circuitous and unfrequented route to the rear portals of this temple of science, and introduced to fellowship."

Dr. Jerome then quotes Pope's "Vice is a monster," etc., and declares that "this much having been accomplished by the regents of the University, left no alternative for the professors of the medical department other than to retire from the field of their long and cherished labors in obedience to the behests of those who had the legal right to control its destinies . . .

"And if we may not cherish, we are not forbidden to let it alone. And this I trust will be the only method of antagonism adopted by the State Society."[3]

Dr. Jerome answers his own query, "Do the Exigencies of the Case Require that Physicians and Lawyers Should be Educated in Their Professions by the Taxable Inhabitants of the State?" as the reader will doubtless infer from what has gone before. The *Detroit Lancet* "while admitting the above question to a free discussion" in its pages, very wisely warns, "We wish it distinctly understood that we will publish no personalities."

Resolutions protesting against the action of the Board of Regents proposed by Dr. E. P. Christian came up for discussion in 1868 through the report of the Committee on Resolutions. A recommendation was made in the second resolution that for the present the professors should retain their chairs "but should such changes in the curriculum be accomplished as would directly affect such curriculum, we believe that, in honor to themselves, the profession to which they belong, and whose sympathies they receive, they could not consistently remain, and their resignations should be respectfully submitted." This report was signed by Drs. Wm. Brodie, I. H. Bartholomew, C. T. Southworth, Wm. H. DeCamp, and Hamilton E. Smith.

Dr. P. Klein "heartily agreed with the spirit of the report, and in this respect he begged humbly to dissent from the views expressed the previous day in the president's report to let the matter alone . . . He was proud to say that there is yet a living nucleus in the University who hold on, and he trusted that the State Society would not only sustain those men, but would also counsel those who had resigned to retract their resignations. He perceived that some of the latter had accepted a position in connection with a new enterprise projected in this city, which course he regretted, because he had doubts of its success, though he had the utmost confidence in the ability and honor of the gentlemen who had projected the new enterprise." The doctor continued to enlarge upon the merits and demerits of the new project, until Dr. Jenks rose and called the speaker to order, as the Detroit school was not under discussion.

"Dr. Palmer, one of the ex-professors of the Michigan University, said he was aware that remarks he might make would be liable to be understood [*sic*]. He felt deeply on the subject. The best part of his life had been spent in the University. He could not think thereon without emotion. [At this period the veteran professor was compelled by emotion to cease speaking, for which he apologized to the society.] He believed that their action in resigning had been generally sustained by the profession of the state. He would not question the motives of the Board of Regents. They needed the money, and accepted it, he believed, without any love of homeopathy . . . he indicted his resignation in strong terms . . . Uncertain as to the action of the Board of Regents, he had accepted a position in a new enterprise, which he believed would succeed. In this Detroit School of Medicine, where instruction of a clinical character will be given, he had consented to give instruction on a certain subject not treated of in the Michigan University.

"The report was unanimously accepted."[3]

At the meeting of the State Medical Society in 1877 Dr. Jerome moved that the Committee on Medical Legislation be discontinued and in support of the motion made the following facetious remarks:

"During all the years of the existence of this society an effort has been put forth in good faith to establish and maintain a friendly and fraternal relation with the legislature of our state, believing that mutual good would be derived from comity of action. But I may safely say that instead of like kindly sentiment being reflected from that body, no opportunity has been lost to calumniate and humiliate the profession of medicine by the legislature of Michigan.

"The usual method and opportunity of this display has been on the application of the regents of the University for money to meet the annual wants of that institution for educational purposes—not medical—as that department was self-supporting. The constitution of our state has wisely prohibited the legislature from any governing influence over the University, committing it to the care and guardianship of a Board of Regents, selected from men of high educational attainment, who are supposed to better understand the wants of a higher grade of culture than the common schools, with which our solons were left to grapple at will. If we pass over former legislatures and come to consider the present one, we find an unique body, not inaptly denominated by the little breezy *Evening News*, the 'Lansing Grammar and Spelling Schools.'

"The head-center of the spelling school, as far as relates to our profession, is one C. B. Mills, whom I understood to be one of the 'hardshell,' itinerating clerical persuasion, with a short-hand medical attachment from Tuscola, with whom to know less than all the world beside would be a mortal sin.

"In his report to the spelling school on medical matters, he descants thus, as we find in the *Legislative Journal* of March 10: 'And when it is considered that the great majority of the members of these associations that are not interested in other rival institutions, are men whose medical culture bears no comparison with that provided for in the University, the significance of this opposition is apparent.' Having delivered himself of this gorgeous proposition, as if to tone down a little and even up with the University, lest they might put on some additional airs, he very kindly makes mention of the arrangements made by the doctors of the University, for the care and general management of the hospital under their charge, and particularly relative to their nurses; that if 'none can be found who can be trusted among Americans, it is respectfully suggested that Chinamen be employed, or Hottentots might be imported for that service.' The talent of this mixed body is so diversified, however, that they need not confine their labours exclusively to the higher development in medical literature, consequently have found leisure to grapple with the great question of Sabbath desecration, so frequently indulged in by the poorer classes, and more particularly by our German population, who have attempted surreptitiously to economize their time by getting married on the Sabbath day, and now find to their utter consternation that such a thing could not be done at all. Poor things! Happily, however, for this class, the bill of rights adopted by the grammar and spelling schools does not specify whether the Christian or the hardshell Sabbath is the one intended.

"We now find the 'head center' on a bull-dozing mission to the regents of the University, whose total subserviency is demanded, endorsed by eighty-three members of the Lansing mixed schools, the results of which are to be known hereafter.

"In one of the particular moods of this august body, it was discovered that in some way for cousins to get married begat idiots; upon which practice they deemed it their duty to affix their great seal of condemnation. On this branch of their duty the *New York Times* of April 25 [1877] has commented quite to our liking, which we beg leave to read:

"'MICHIGAN COUSINS'

"'There may be an exceptional desire on the part of the people of Michigan to marry their cousins, but the introduction of a law into the legislature of that state prohibiting the marriage of cousins does not prove that such is the case. All the old fashioned Bibles—those six inches in thickness which were used to raise the youngest child to the level of the family dinner table—expressly forbid a man to marry his grandmother; but it is notorious that at no time since the beginning of the Christian era has there been any general desire on the part of grandchildren to marry their grandparents. The true meaning of the Michigan bill undoubtedly is, that some rich legislator, with a willful daughter and a worthless nephew, desires to have a legal pretext to prevent the young people from wasting his kerosene by sitting up till midnight in his front parlor.

"'The argument that cousins should not marry is based upon the alleged fact that the offspring—which is a delicate way of alluding to children—of such marriages are universally idiots, with deaf, dumb and blind attachments. The statistics of our various asylums show that among the patients whose minds and senses are not in good running order, are frequently found the offspring of cousins. Of course, if cousins intend to act in this inexcusable way, they ought not to be allowed to marry. The argument is an excellent one, were it only based on facts; but, as it is not so based, it is rather more worthless than the theories as to Brooklyn slums and the imaginary confessions which the *World* delights to publish.

"'Of course there are a certain number of professional idiots whose parents are cousins. So, too, we find in our idiot asylums patients who owe their origin to marriages between Presbyterians and Methodists. It is clear that, if the former fact justifies a law against the intermarriage of cousins, the latter requires a law forbidding marriage between two opposite and probably equally excellent sects. Moreover, idiots have been produced in quantities far in excess of the demand by parents having no natural or religious affinity. If the Michigan legislature really wants to strike an irresistible blow at idiots, it should forbid marriage entirely. Surreptitious idiots would, of course, from time to time make their appearance within the borders of the state, but the regular sources of supply would be cut off, and the people would have to import their legislators from other states.

"'If the cousins of Michigan are wise they will collect statistics showing that not one of the members of the Michigan legislature is the offspring of cousins, after which the legislature can no longer with any consistency maintain the preposterous theory that idiots are the results of cousinly intermarriage.'

"For these and kindred reasons, Mr. President and Gentlemen of the Society, I think that self respect demands that we discontinue our efforts to fraternize with the legislature, and therefore hope the resolution will prevail."

Elsewhere in this history under the heading "Malpractice Litigation and the Physician as a Witness" there appears the presidential address of Dr. Foster Pratt which is every word enjoyable. He was a fluent speaker and his phraseology often approached the poetic. (*See* memorial of Dr. Abram Sager.) He was a surgeon in the Civil War and afterward practitioner of medicine in Kalamazoo. He was a sometime highly influential member of the Board of Trustees of the (then) Michigan Asylum for the Insane, and was the author of a paper on "Increase of Insanity in the United States" read before the American Public Health Association in Detroit, November 15, 1883. He also wrote an "Historical Sketch of Early Masonry in Michigan." (Transactions of Masonic Grand Lodge of Michigan.)

"Sanitary Rules *versus* Theories" is the title of a paper read by Dr. Pratt at the Sanitary Convention in Battle Creek in 1881.

Dr. Alfred I. Sawyer was born in Huron County, Ohio, in 1828, one of a family of eleven. "Every obstacle was thrown in his way" of receiving an education, declares his biographer, "till by hard work, teaching school in winter, and attending the Norwalk Academy in the spring and fall, and by studying while others slept, he succeeded in acquiring an average academical education and had made arrangements with one of his brothers to take a classical course."[9]

He was graduated at the Homeopathic Hospital College, Cleveland, in 1854; attended the medical department of New York University in the winter of 1856 and 1857; "became somewhat disgusted with general practice" and "proposed to pursue some specialty," but after fitting himself for this, "sources of revenue unexpectedly failed him," and he was obliged to leave New York, where he had planned to carry on.

He came to Monroe in 1857 and speedily acquired commanding influence in political, educational and Masonic circles, but "even so he has shone if anything with far more brilliancy in his chosen profession, and among his learned colleagues. There is no man who has done more for the advancement of medical science than has Dr. A. I. Sawyer of Monroe."[9]

"The homeopathic department of the University of Michigan owes its life and sustenance to him."

The early efforts in 1853 and 1855 to secure recognition of homeopathy in the medical department of the University were unsuccessful—among alleged reasons being non-action on the part of the Supreme Court upon a writ of mandamus directed to the regents, a "farce" which "cost Sawyer $155.00 for attorneys' fees alone, not to mention what he paid for a person to remain in Lansing and lobby for the passage of a bill during the entire session, or his own personal expenses there and elsewhere in the interest of the cause."[9]

"In 1869 the regents agreed to comply with the law of 1855 providing the friends of homeopathy would secure a repeal of the obnoxious law of 1867" which "attacked the very fountain head of the University" by amending the mill tax law and making revenue from this contingent upon complaisance on the part of the regents. They agreed but "acted in bad faith and undertook to both comply with, and evade the law by appointing Dr. Charles Hempel professor of theory and practice of medicine, and proposed to locate him in Detroit instead of Ann Arbor," but the "duplicity of the board was rewarded by the Auditor General of the state refusing to honor the warrant of the University because the law of 1855 had not been complied with."[9]

Compromise was offered by the regents and some of the "discouraged" of the homeopathic fraternity were disposed to accept a proposition of conciliation on the basis of creating a branch school outside of Ann Arbor—not so Dr. Sawyer. As chairman of the committee to whom the matter was referred he reported as follows:

> "RESOLVED, That when the same rights, benefits and privileges that are now enjoyed by the old school doctors shall have been accorded to homeopaths on the University campus, we will be satisfied and not before."

Through session after session of the legislature from this time until 1875 when the regents organized the homeopathic department Dr. Sawyer fought valiantly. He was often thwarted but never put down—was "in attendance more or less during every session of the legislature since 1867 and for ten years nearly every session of the Board of Regents." In June, 1877, he had at commencement exercises "the proud satisfaction of occupying the same platform with the old school faculty, with the president of the University of Michigan, and witnessing the graduation of the first class from the homeopathic department."

"A great and influential school of medicine had placed him at its head." In 1889 he was elected president of the National Institute of Homeopathy. "He was justly proud of the homage of the act, and his townsmen were pleased at the laurels won by one of their number."

His death from apoplexy occurred in May, 1891. Among the floral offerings was "a cross four feet in height" of "calla and ascension lilies," a gates ajar, "beautiful in every detail," and "rare flowers in exquisite designs."

Dr. Sawyer's correspondence (*See* Page 14) bulks large in the controversy concerning the appointment of the medical superintendent of the Northern Michigan Asylum (now Traverse City State Hospital) in 1885. The trustees "may"—so reads the law—appoint a superintendent from the homeopathic school of medicine.

The trustees chose to regard this as permissive—not mandatory—and elected to the position Dr. James D. Munson, theretofore assistant medical superintendent of the (then) Eastern Michigan Asylum at Pontiac. There was a bubbling of unavailing protest over the matter but nobody's serenity other than that of Dr. Sawyer was seriously disturbed.

Dr. Isaac N. Eldridge of Flint, one of Dr. Sawyer's supporters, who died January, 1893, had been a successful practitioner of homeopathy for forty years.

He was born August 5, 1818, at Bergen, New York. "To his efforts probably more than to any other one influence was due the establishment of the school of homeopathy as a branch of the Michigan State University and for years he was connected with the school as a member of the Board of Examiners or in some other capacity."

He was a "close student" and had "the courage of his convictions." "In conversation he often expressed himself so frankly that it sometimes gave him the appearance of being inconsiderate of others' feelings, but such was never the case." "He enjoyed the respect of the community and the faith reposed in him by most of his patients was something remarkable." He "was a member of the Court Street Methodist Church."[9]

Dr. George E. Ranney of Lansing was for many years secretary of the State Medical Society. He was a veteran of the Civil War and a thoroughly competent surgeon. Candor compels the statement that he was not imbued with idealistic altruism, and that "competition" in his bright lexicon was synonymous with "rivalry." He asked no quarter, accorded none, and if he ever presented the "other cheek" to one who had taken liberties with the reverse side, this episode did not occur in the presence of the writer, who knew him well and highly respected his medical and surgical accomplishments. He wrote forcefully and artistically as the following extracts from "Achievements in Medicine—Incentives to its Scientific Study" read before the Lansing City Medical Society, July 7, 1876, furnish excellent evidence:

"We admit that we have not found the philosopher's stone, the veritable elixir of life, or the El Dorado of perpetual youth; but we have controlled the plague and the leprosy through quarantine and hygienic measures, instead of resorting to the futile effort to drive them away by putting up prayers in the churches or trusting to the prayers of the priests for deliverance. I will mention briefly a few of the important things which have recently been done by our profession for the good of mankind. As we view our medical temple, and walk through its galleries, and behold the work of its master builders, what an array of illustrious names greet our memory.

'In this fair niche, by countless billows laved,
Trace the deep lines that Sydenham engraved;
On yon broad front, that breasts the changing swell,
Mark where the ponderous sledge of Hunter fell;
By that square buttress look where Velpeau stands,
The stone yet warm from his uplifted hands.'

"We behold the statue of Jenner, who only seventy-eight years ago announced his discovery of vaccination, which has nearly banished a disease from the land which in England alone claimed 45,000 victims annually and disfigured as many more. Smallpox attacked young and old alike, and nearly all were expected sooner or later to have it. Those not disfigured were exceptions to the rule.†

"We have passed the statues of Hippocrates, Galen, Ambroise Paré and others, and now linger for a moment near the bust of Laennec, with the stethoscope in hand. The chest had its language that no human ear could understand until Laennec, applying the principles of acoustics, took a cedar tube, and, putting it to his ear, asked the chest a thousand questions, which were correctly answered through the vibrations of the air in the lungs, and the heart murmured in his ear its long-hidden secrets. His discovery has rendered it possible to diagnose with wonderful accuracy the diseases of the heart and lungs, and enables us to determine upon their rational treatment.

"Passing along, we see the bust of Sanctoria, and are reminded of the thermometer, and the wonderful story that it tells us at the bedside of our patients. Among those who have placed the world under obligation to them, and whose portraits we might expect to find, are the Hunters, Bells, Cooper, Abernethy, Bright, Forbes, Simpson, Syme, Pereira, Ferguson, Erichsen, Paget, Wells, Bowman, of Great Britain; Lobstein, Bouillaud, Broussais, Richerand, Cloquet, Cruveilhier, Desmarres, Sichel, Dupuytren, Bichat, of France; Hebra, Gruber, Rokitansky, Virchow, Langenbeck, of Germany, and those of many Americans who occupy conspicuous places.

"Anesthetics have uncrowned 'old King Pain' and the patient afflicted with tumor, necrosed bone, or lacerated limb, by it is wrapped in unconsciousness, while the surgeon, with knife, scalpel, and saw, does the work which is to make him well. When the patient emerges from the vale of Lethe he can hardly realize that the operation has been performed, as he had experienced no anguish or pain; and if Esmarch's bandage and the ligature have been used, he may look in vain for evidences which blood might reveal, for during his sleep an important though painless and bloodless operation has been performed with a deliberation and confidence unknown to the surgeons of the eighteenth century.

"Through the delicate needle of the hypodermic syringe we convey to the very seat of pain, the torture of disease, an appropriate antidote. The ophthalmoscope reveals to us the internal chambers of the eye, the mote, enlarged blood vessel, fiber, or opacity that obstructs the vision. The laryngoscope enables us to see and touch and put in tune the vocal cords. With the aspirator we enter the pleural cavity, the abdomen, the bladder, the liver, and even the heart, with safety, and empty them of morbid effusions or retained secretions.

"By transplanting skin to parts extensively denuded of integument, we have rendered it possible to make them sound, and avoid the contraction and deformity that would come from an otherwise extensive cicatrix. Ingenious instruments and the wonderful skill of the surgeon have made man a toy in his hands. We have not been able to arrest "Old Time" and make him retrace his steps, but we have dulled his scythe and impeded his destructive march, and added new spaces to the dial of man's chronometer of life. During fifty years ending in 1844 we decreased his harvest of death twenty-two per cent in certain parts of England, and wherever statistics have been kept, equally gratifying results have followed in other places during and since that time. There was fifty per cent less mortality in London during the same years of the nineteenth century than during similar years of the seventeenth century—the difference being as great as the difference between an ordinary year and a year of the cholera.

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†Quackenbos.

"Typhoid fever is now considered a preventable disease and under the control of sanitary laws. Scurvy has been nearly driven from the ocean, and the wilds of India have been reclaimed. The etiology of cutaneous diseases has been studied and classified, and in the treatment of most of them we have achieved a triumphant success. We cannot always, as desired by Macbeth, 'minister to a mind diseased, and pluck from the memory a rooted sorrow,' but we can often attack those diseases once deemed incurable and bid the leper be clean.

"Among the manifold sufferings with which man is threatened, in consequence of the tenderness of his nature, irritation of the mind is one of the saddest; but thanks to the efforts of our profession and the munificent coöperation of state and municipal governments, asylums have been established for these unfortunates, where, under scientific management and treatment, from 70 to 80 per cent are restored to health. In the United States alone 26,433 insane persons are receiving treatment in state asylums, and 2,008 receive accommodations in private institutions. Aware of the molecular change that trains of thought and moral influence may produce in the brain, and regarding the pathology as taking place in the brain itself, the treatment has rationally resolved itself into psychical and medical. The various forms of insanity are without doubt as old as the human race. Our knowledge of them reaches back into the dusty past where its history is blended with mythology; to a time when insanity was looked upon as coming from an evil or divine spirit, and insane patients were accordingly treated cruelly or leniently, but always with a pious fear."

"To the recruit the campaign is still an unrealized achievement. The rigors of battle[s] that must be fought are unseen in the roseate lights of the victory—unconquerable youth must be his. But to us veterans even the joys of having fought our good fight do not dim our remembrance of the heights we have climbed and the foes we have met," writes Dr. Ranney in a "Retrospect of the Early History of the Michigan State Medical Society."[6] Dr. Pratt he calls "the diplomat and parliamentarian." Parliamentarian he was, magnificently, but for diplomacy except in a restricted sense he never displayed, in my opinion (C. B. B.) exaggerated regard. As to his estimates of other controversialists, Dr. Ranney's opinions and those of the writer are in accord. "William Brodie, the born leader; Jerome, the witty and ready talker; Homer O. Hitchcock with his ponderous sledgehammer blows; the eminent physicians and surgeons Frothingham and Maclean; Dr. Rynd, the fluent and forceful orator." And it should not be forgotten that at the time of these mellow reminiscences (1915), the battle-smoke of the seventies had rolled away.

Who Was the Operator?—A Question of Ethics and Precedence

In the early days of laparotomy when Michigan bellies were reasonably safe from invasion, and surgical enterprise, augmenting by leaps and bounds in recent years, was in the primitive stage of evolution, an interesting controversy arose between two of the representative men in the profession. One, relatively experienced in abdominal attack, was called in consultation to assist another, living in the "outlying districts" and not fully familiar with the current technic of operating. The "assistant" was either invited, or himself requested, to make the initial incision. This, under the ethical standards then prevailing, affixed the seal of operator in the case, although subsequent cutting and the elimination of whatever was found unneighborly in the abdomen were carried on mainly, if not wholly, by the complacent principal who had invited assistance on the part of the expert. The results were published by the latter and whatever credit appeared was claimed by the consultant, who declared apropos this and other invasion of his field of endeavor that "everybody nowadays is trenching upon the domain of abdominal surgery." Acrimony, hot conversation, appeals for justice and fairness resulted, and for the moment the age-old question as to who landed one on the jaw of Billy Patterson was relegated to the discard.

The operator's (?) thanks are extended in an article in a medical journal of the time to Dr. ——— who had intelligently cared for the patient after "a covey" or "brood" of "ignorant homeopathic practitioners, such as afflict most of the towns of our beautiful state" had treated her for "dropsy," to Dr. ——— of ——— and especially to Dr. ——— (the expert) and to Dr. ——— (his own partner).

The operation was successful.

Here it is again—this time reported by the "Expert."

"Dr. ——— of ———, assisted by Drs. ——— and ——— of ——— and ———, and ——— of ———, removed from a patient at the latter place on the 8th inst., an ovarian tumor weighing 95 pounds. This was, probably, the largest tumor ever removed in this state. The case was furthermore a remarkable one from the facts that the cyst had ruptured several days prior to the operation, and that there was present in consequence a well-defined peritonitis. The growth was of six years' duration, and the walls of the cyst were so friable that they readily broke, under the manipulation necessary to its removal. The contents, which were of a gelatinous nature, were thus freely discharged into the abdominal cavity and the time required for their complete removal, together with the extensive adhesions of the cyst walls, caused the operation to be prolonged to three hours. The woman at this writing, sixteen days after the operation, is doing well, and is practically convalescent. The case will go upon record as one of the most remarkable which has been encountered, and Dr. ———'s detailed report of it will be awaited with interest by all practitioners of any experience in this branch of surgery."

As is obvious from the foregoing it was the intention of the present writer to conceal in anonymity the participants in this melodrama but the discovery is made in reviewing the *Medical Age,* Vol. III, that Mulheron had no such inhibitions. Here is his version:

"We have received a copy of 'An Open Letter of Dr. N. S. Davis, editor of the *Journal of the American Medical Association,* from Dr. E. W. Jenks, of Detroit.' This is the latest phase of the controversy which we unwittingly precipitated by our notice of a certain ovariotomy performed at Grand Ledge, in this state, on the eighth of last October, at which an unusually large tumor, weighing 95 pounds, was successfully removed. It may be remembered that we mentioned as a fact that Dr. E. W. Jenks, of this city, was the operator, and that Drs. Ranney, Post, Davis and Wright were his assistants. Dr. Ranney, objecting to the statement that Dr. Jenks performed the operation, wrote a letter to the *Journal of the American Medical Association* giving his version of the matter. This was replied to by Dr. Jenks in a subsequent number of the *Journal,* in a very explicit statement. Dr. Ranney returns to the attack through the same medium, and in a letter containing many personalities reiterates his claim to having been the operator. He had now got in two blows to Dr. Jenks' one, when the editor of the *Journal* concluded to close his columns to further articles from either side. Dr. Jenks quite naturally desired to counter on Dr. Ranney's somewhat vicious assault, but Dr. Davis, the editor, was obdurate. And this is the *raison d'etre* of the open letter before us. The pamphlet is a very scathing arraignment, yet dignified withal, of Dr. Davis for his refusal to allow the writer to reply to the attack made on him, and contains a number of certificates from local physicians and citizens of Grand Ledge in support of Dr. Jenks' claim to having performed the operation. Such controversies are quite unfortunate, but Dr. Jenks can scarcely be blamed for his desire for justice, and we cannot but think that the editor of the *Journal of the American Medical Association* should have allowed him space to reply to Dr. Ranney's attack."[2]

IN LIGHTER VEIN

At the meeting in 1878 it was "moved that the selection of the two members (to appear before the judicial council of the American Medical Association to answer charges against the Michigan State Medical Society for "irregular and unethical conduct") "be referred to the nominating committee."

Dr. Brodie said he did not think that was the way.

The president saw "no reason in the world why the aforesaid committee could not function in the matter."

A member moved that Dr. Brodie be appointed chairman of the committee.

The president thought that it would be as well to trust the election of counsel to the delegates.

Dr. Bartholomew moved as an amendment that Dr. Brodie be appointed chairman of the committee, which motion prevailed. Dr. Brodie moved that Dr. Hitchcock be appointed the other. Dr. Jerome moved as a substitute that Dr. Brodie be authorized to select his own associate counsel.

Dr. Shank: "From the doctor's indication in the matter I second the motion."

The motion was carried.

"What action will the society take upon the original motion as now amended?" inquired the president.

A member moved that it lay (*sic*) on the table.

It will please the reader of these extracts to know that the last motion was greeted with "laughter." It wasn't so deadly serious after all.

And further indication that the sense of humor was not extinct appears immediately thereafter.

Dr. Twiss then read the following:

> To the officers and members of the Michigan State Medical Society:
>
> I hereby charge the following named members of the Michigan State Medical Society, viz., Alonzo B. Palmer, Professor of Pathology; Donald Maclean, Professor of Surgery; Edward S. Dunster, Professor of Obstetrics, and W. J. Herdman, Demonstrator of Anatomy, now occupying these several positions in the medical department of the Michigan University, with disregard and violation of a resolution passed by the American Medical Association which reads as follows: "That the members of the medical profession who in any way aid or abet the graduation of medical students in irregular or exclusive systems of medicine are deemed thereby to violate the spirit of ethics of the American Medical Association."
>
> E. Twiss.

Dr. Parmenter suggested that the words "you bet" be substituted for "aid and abet."

* * * * * * * * *

A resolution being under consideration to extend thanks to the State Board of Health "for the successful manner in which they have discharged their duties," Dr. Shank was moved to remark, "I hope this motion will not prevail. I hope you will not compliment the State Board of Health for saving life on any occasion, for just as sure as you do the next legislature will repeal the law. Saving lives is not in their direction."

Dr. Eugene Smith and Dr. Brodie—A Passage at Arms

Eugene Smith: "I move that a nominating committee of five be appointed."

Dr. Brodie: "I move as a substitute that we proceed to the election of officers."

Dr. Smith: "I think that there are some papers to read and time can be saved by putting the nomination of the officers in the hands of a nominating committee."

Dr. Brodie: "I move that we go on with the regular order of business."

Dr. Hitchcock: "It would be better to have a committee appointed so they can be doing business."

The motion to proceed to the reading of papers was lost.

The motion to appoint a nominating committee was carried.

Dr. Brodie moved that Dr. Hitchcock be chairman of that committee.

Eugene Smith: "I am most happy to endorse the motion of Dr. Brodie. It is a sharp political dodge of the doctor's—no more, no less, and I appreciate it, in so far as it has been customary to nominate the man who makes the motion. I, however, most heartily endorse his suggestion."

The Chair was authorized to appoint a committee and named Dr. Smith chairman. He asked to be excused on the ground that he had a paper to read, but was not excused.

It will be noticed that the designation "Dr." twice fails to appear before the name of Eugene Smith but in the opinion of the reviewer no slight was here intended by the secretary. Both Smith and Ranney (secretary) were among the "yeas" on the homeopathic question.

Minor Matters of Contention

When other matters for disagreement among the profession were lacking the acceptance of invitations to entertainment supplied the deficiency.

Dr. Kedzie moved at the seventh annual meeting (Saginaw) in 1873 that the invitation to partake in the colloquial banquet at the Taylor House be accepted.

Dr. Inglis moved to amend by accepting both this and the invitation to the steamboat excursion.

"Considerable discussion took place on this question, it being apparent that two entertainments could not both be attended on the same evening by the society. Several of the members argued that the report of the Executive Committee be accepted and that the members be at liberty to go to Bay City or attend the banquet at the Taylor House. Some of the members thought that all the physicians present should attend one entertainment. Dr. Brodie thought that this whole matter should be referred back to the Executive Committee. After much discussion Dr. Parmenter moved the previous question which was sustained by a vote of the society.

"The president ruled that no further remarks were in order and put to vote the amendment of Dr. Inglis, which carried. The original motion was then put and lost."

It becoming evident eventually that both indications were "the result of a sincere desire to extend courtesy and hospitality to members," and that these "should be left to follow individual preferences" a motion to accept both invitations prevailed, but Dr. Jerome at a subsequent session rising to a question of privilege and to "avoid conflict" withdrew the invitation to the Taylor House "colloquial."

Therefore the *Daniel Ball* provided "with eatables, drinkables and the little et ceteras" was boarded and the party numbering over 200 gaily steamed down the Saginaw "with colors flying, band playing and everybody hilarious."

At the Frazer House, Bay City, however, it was discovered that edibles were inadequate . Provision had been made for only one third the number and nearly 300 persons crowded into the dining room. The affair "passed off pleasantly" although "the dishes were out of proportion to the guests" (or *vice versa.* C. B. B.), and the "audience compelled to stand while taking supper." Did they forego the after-dinner speeches? "The audience could not think of leaving," and Dr. A. B. Palmer, president, Drs. E. W. Jenks, Foster Pratt, H. O. Hitchcock and J. B. Book responded to toasts.

The party reached Saginaw at "about 1 o'clock A. M." On the way resolutions were adopted thanking the "Bay County Medical Society, the proprietor of the Frazer House, and the captain and officers of the *Daniel Ball* for courtesies extended the State Society."

Before adjournment the citizens of Saginaw Valley were also thanked by resolution for their hospitality. In passing it may be of interest to remark that "brotherly love" was at this time a merely conventional formula as applied to Bay City and the Saginaws. In this entertainment business the Bay City contingent evidently put one over.

"The only point of special criticism we have to make here and now," writes Dr. Connor, "lies in the meager attendance of the physicians of the Saginaw Valley . . . Those that were with us were so perfect specimens of manly physicians that we wanted all the rest."[2]

This meeting was held in Bay City eight years later (1881).

Smallpox and Chickenpox

The following excerpt was reprinted in the *Bulletin of the Wayne County Medical Society* from the *Journal of the American Medical Association* of August 27, 1927:

> "The difficulty of differential diagnosis of smallpox and chickenpox has increased in recent years, because widespread vaccination of the population has reduced the opportunity to see cases of smallpox. Suggestions to aid in such differential diagnosis, and recorded in *The Journal* recently, are those of Hulshoff Pol, Jaksch-Wartenhorst, Sahli and Painton. J. W. Toomb, chief sanitary officer of the Asansol Mines board of health, Bengal, India, has noted that the time interval between the date of onset of fever and the date of outbreak of eruption is dependably significant. In the mining settlement of Asansol the colliery doctor babus were reporting all cases of sickness with vesicular eruption as chickenpox, although it was known that for many years smallpox had caused severe economic loss in the province. To remedy the resulting inaccuracy, an order was issued to report all cases of sickness with vesicular eruption as 'smallpox,' and to give, in addition, the dates of onset of fever and of outbreak of eruption. Analyses of many hundreds of such reports showed that in chickenpox the time interval between the onset of fever and the beginning of the eruption never exceeded twenty-four hours, while in smallpox this period always exceeded forty-eight hours. Proof that this distinction is important was obtained in 1925-1926, when smallpox was epidemic in Bengal. At that time 65,795 of the inhabitants of Asansol were revaccinated, with success in 77 per cent. Ninety-four persons who had had chickenpox, as diagnosed by the time interval method, were also revaccinated, with success in 75 per cent. In the cases of 108 persons who had suffered from a disease diagnosed also by the time interval method as smallpox, revaccination was unsuccessful. This method of diagnosis would not be dependable in that alleged form of mild smallpox called alastrim, in which a vesicular eruption occurs without fever or malaise. However, as Toomb points out, if such cases do occur they are without importance in public health work as they do not cause either morbidity or mortality. In his hands, differential diagnosis by the method outlined has proved 'simple, accurate and unambiguous.'"

"Increased in recent years?" Probably. But with more people in the world, more "cases" of different kinds, and more doctors, disagreements are less obvious than in by-gone days. In the eighties acrimonious discussions as to the diagnosis between chickenpox and smallpox diverted public occasionally if carried on, as unfortunately they often were, between professional men of standing who permitted themselves to entertain only the fraction of a grain of tolerance and never under any circumstances could be accused of super-saturation with "brotherly love." Such a situation was present in . . .

In the winter of 1881 there arose a controversy among several, all estimable and accomplished physicians, over local health activities. The episode left an indelible impression upon a callow youth at that time of less than three years' experience in practice. So snappy and personal was it, that during the intervening period of forty-six years he has not once heard mention of smallpox and chickenpox without thought harking back to the "chickens" and the "old hen." Indeed a resurgence of the old feeling of amusement led him to seek out the dog-eared files of a newspaper of the period, and copy the correspondence which follows:

April 19, 1881.

To the Editor:

Inasmuch as there has been an attempt on the part of Doctor ——— to work up a "boom" on scarlet fever for the purpose of getting up an excitement in reference to the prevalence of that disease and then fix the cause of the prevalance of scarlet fever on us with the view of creating a feeling in the minds of the people detrimental to our interests, we feel it but justice to ourselves that the public should be let into the facts.

To start with, there has been no epidemic of scarlet fever in ——— this winter. It is true there has been prevalent a rash which in some particulars and to a superficial observer such as our expert health officer is, has some of the appearances of scarlet fever, but in fact it is not. It is a comparatively new disease in this country called Rötheln. Hitherto this disease has prevailed principally in Germany and is sometimes called German measles. It is a disease entirely free from danger, and in most instances the children affected with it declare, though they are covered with a rash, that they are not in the least sick. In other instances it will be attended by a slight feverishness for a day or two. It has no sequelæ following it as have scarlet fever and measles. This is the disease that the health officer calls scarlet fever.

This health officer has also labored hard to make the public believe that he was only performing his duty when he made a complaint against Drs. E———, L——— and myself; that there was some new law requiring these reports and that he was driven to the course he adopted by the members of the local board of health and by the officers of the State Board of Health, all of which is untrue. The law has been upon the statute books for the past thirty-five years; was revised and slightly changed in 1871, since which time it has been just as it now is. The other members of the board of health assure me that they have had nothing to with forcing our arrest, but on the contrary tried to persuade the health officer to desist from aiding what they could see was simply a doctor's fight and would be sure to get the health officer into trouble. The complaint which he made, sworn to before Justice ——— alleges that I attended scarlet fever in a certain family in ——— about the first of December, 1880. It seems to me that in a matter of so great importance he was slow in performing his duty, but large bodies move slowly [the health officer was a corpulent subject], hence probably, his delay.

There is possibly another object in the health officer being so active and determined to enforce an old law ———.

His object is this. Just now an epidemic is in frightful progress in and about ———. There have been within the last four weeks at least five cases of smallpox where there has been only one case of scarlet fever during the past four months. Human life has been sacrificed; a panic exists in the surrounding country; people will not come to town; trade and business of all kinds except doctoring is paralyzed; a large bill of expense is being incurred in providing for and taking care of those afflicted by this disease [and the health officer comes in for his share of the spoils], for all of which the health officer is particularly responsible———.

What people are interested in knowing is why the pest house was not properly disinfected, and the clothing and other articles disposed of as the law directs. If the health officer in his report to the common council on April

5th instead of straining the truth as he did when he said that an epidemic of scarlet fever was prevailing in the city—had told us the origin and cause of the present epidemic of smallpox and how when he visited the D——— family on March 19 and called their sickness smallpox, he came to change his opinion on the 20th and called it chickenpox, it would have made the report interesting. "Grave responsibilities" rest with those who assume to know what they do not, and by their inexcusable ignorance endanger the lives of whole communities.

Yours respectfully,

————

April 20, 1881.

Mr. Editor:
Dear Sir:

You, no doubt, ere this, have heard of the arrest of Drs. ——— and ———, on complaint of ———'s efficient health officer who writes his name, ———, for not reporting cases of scarlet fever (and not cases of smallpox, as has been reported) which were claimed to have been treated by us.

We deny the charge. In a report of the Board of Health of April 5, 1881, it says: "There is at present prevailing an epidemic of scarlet fever, which the Board of Health does not hold itself responsible for." We would ask any intelligent community if they ever knew of an epidemic of scarlet fever without being attended with a very great degree of mortality, and we challenge the citation of one fatal case in consequence of it. The facts are these: We have not an epidemic of scarlet fever, but we have an epidemic of smallpox prevailing among us. In this report it goes on to say "the Board considers the law in reference thereto wise and beneficial." And so does our Prosecuting Attorney, who has promptly had our efficient health officer arrested for not reporting his cases, and there is no doubt but that he will find "grave responsibilities" resting upon him; yes, and the "grave" to yearn for the victims arising from his incompetency, gross negligence, or double distilled laziness.

If he had looked after the infected clothing which was left at the pest house after the death of young C——— (last fall), everything would have been lovely with us today, but as he failed to perform his duty, the clothing being left there, reeking with smallpox infection for some miscreant to steal, a portion of the bedding finding its way to the house of the D———'s, and a suit of clothes allowed to go perambulating through our streets on the person of Jack T———, or as he is sometimes called, Royal Oak Jack; and it is through that source that we have our smallpox epidemic. And to this Royal Jack and his infected clothing we can trace our last two cases, B——— and W———, two young men from Canada, who are now cooped on Mrs. Henry W———'s farm.

The first case that came down with the disease was about Feb. 20th. Dr. S——— was called, and he pronounced the disease to be chickenpox; and from that date until the 28th day of March we had chickens hatching out on our main street. It is a wonder our market has not been glutted with spring chickens. On or about the 19th day of March, Frank C——— had occasion to go to the house of the D———'s in search of a man to cut some wood for him; and upon opening the door he exclaimed, "Good God, you've all got the smallpox." So straightway he went to find the city marshal, and straightway the city marshal's wife went after Doctor E———, the health officer, who was forthcoming, who visited the den of contagion, and called it smallpox. A little farther along in his report on the 5th he says: "Epidemics can be prevented or controlled by prompt and efficient action in their early stages." Why did he not take prompt and efficient action on the 19th day of March, which was the day he visited the den of contagion and called it smallpox? But, unfortunately, it went by that name only a few hours, for upon the following day he gave it its first Christian name, chickenpox. If, on the 19th, he was suspicious that it was anything of a contagious nature, why did he not take every precaution to guard our people against its contagious influences?

Did he do it? Judging from the number of chickens scattered around the county, we don't think he did.

On the fatal day, the 20th, the day that he substituted "chicken" for "small," (by the way, when you read this article don't make a mistake and call it small chicken for it was not—it was a regular old Shanghai), we notice in his report that two more broods of chickens were peeping in their shells, and it is supposed that there were so many of these little innocent birds hovering around him that he became bewildered, and he might have been heard to exclaim, "How can it be possible that I was so mistaken on yesterday as to give you that vile name, smallpox?" And it was proclaimed to our people that in that den of smallpox contagion there were only a few broods of innocent chickens. And so the propagation of chickens went on until the 27th day of March, when by mere accident the true nature of the disease was found out. Dr. S———, the attending physician, gleaned from the family these facts, that they were using bedding which had been stolen from the pest house, and upon that information he based his diagnosis as smallpox, and immediately reported it to Dr. E——— as such, who for the first time, took proper steps to guard our people against exposure; and upon the night of the 28th the whole family of chickens were removed to the pest house, being fifteen in number, including the old hen.

Why would it not be a wise suggestion to our Common Council to have Frank C——— appointed health officer of the city of ———, and to send the present incumbent out West to look after smallpox cases among the aborigines, for there his knowledge as an expert upon that disease would not be put to the severe test that it has been here of late, as it has been stated upon good authority, that they do not have any chickens running at large off there.

So much for our efficient health officer, who has been so solicitous in reference to our public health, and has been so extremely anxious to enforce the law thereto, and who has rendered such valuable services to the citizens of ——— and vicinity.

(Signed) ———

April 13, 1881.

A CARD

Interested and maliciously disposed persons have industriously circulated the report throughout the city and surrounding county that I am constantly in attendance upon the cases of smallpox confined in the pest house, and also that both of my children have had smallpox and been kept quietly at home, while I attended to my other patients and went about the streets as usual. All of this is without the slightest foundation in fact, as I have not seen or visited any person sick of smallpox or varioloid since two weeks ago last Sabbath day, nor have either of my children been sick for a moment since with any disease except the effects of vaccination. To-day (Tuesday) is the 16th day since the cases were reported to the Board of Health, and so far as I have been able to learn only one person living within the limits of the City of ——— and outside the pest house, is suffering from the effects of smallpox poison in any form.

(Signed) ———

April 20, 1881.

A CARD

To the Public:

A complaint has been made against me by Dr. E———, health officer of the Board of Health of the city of ———. Said oath or complaint is that I willfully refused to report certain cases of scarlet fever which I attended in the family of J——— V———. The accusation is not true, for the following reasons. First, I never have refused to report any disease dangerous to the public health which I have attended, and did report said cases to Dr. E———, and am informed by a member of the Board of Health that the records show the fact. I did so as soon as I could procure the blanks, as I had none in my possession at the time. The Board of Health had neglected to leave them at my office, as has been the custom before this, and a duty urged upon them to do by the State Board of Health, perhaps intentionally neglected by the health officer. Hence, I believe the complaint to have been brought on the part of Dr. E——— in malice, and without the knowledge or consent of the Board of Health.

(Signed) ———

* * * * * * * * *

"While the log-raising was progressing, a son of Mr. Roorabeck, a lad about nine years of age, came out from their tent and sat on a log near to where the men were at work, having what appeared to be an eruptive disease . . . the family called it chickenpox."

Diagnosis of smallpox was made by a physician a few days later. Thereafter were quite a number of cases, three fatal. The infection was acquired on a boat on Lake Erie. This was in 1832.[5]

A SETTING RIGHT

There is no record of medical brethren in the good old days taking their punishment lying down, and differences of opinion were invariably proclaimed in the open.

Drs. A. B. Palmer and Moses Gunn and Mr. Frederick Stearns, in assuming control and editorial responsibility for the new (merged) *Peninsular and Independent Medical Journal,* announced, "By an agreement made between the editors it is specified, that 'both in the production of their own pens, and in the contributions and selections they will guard with vigilance against the indulgence of any partisan feeling or practices: that they will guard against the revival of past controversies connected with the history of the former journals," etc.

In "A Setting Right—Not a Criticism" the author declares that "our plain common sense criticism" in a former number (of the same journal) "had very much disturbed the equilibrium, if, indeed, he ever had any, of the author; and we somewhat fear the approach of eclampsia (commonly called fits) . . . We exceedingly regret that a man of such calibre and of such world-wide reputation as a physician and author, as he would have us think his references would seem to indicate . . . should be so easily thrown off his balance . . . indulge in the low ridicule . . . literally to empty himself as if by the action of a violent emetic, of so many undignified and unbecoming appellations with which his puerile production seems only to abound."[11]

How could this have escaped the composite vigilant eye of the triumvirate who promised reform for themselves and safeguarding the reader from the unpleasantly controversial? The truth seems to be they didn't go far enough and include "personal" with "partisan feeling or practices."

Just here the reviewer, like the sheriff of Nottingham, finds himself for the first time in error. The editors themselves discovered what might be considered an inconsistency and in the same number of the *Journal* on a later page "apologize for an article in the original department of this number." Disputants are begged in future to "confine themselves to the real issue; so shall science and politeness at once be served."

DAMAGES, MY LORD—HEAVY DAMAGES

"In an editorial article in the March number of the above journal [*Cincinnati Lancet and Observer*] among much other personal abuse of less consequence the following statement is made:

"'Dr. P. although he appends the title of A.M. to his name, has no such title from any college or university; and the same we believe is true of Dr. Sager.'

"As this is an accusation calculated to vitally affect our honor, we cannot let it pass as we shall the rest of the abuse from the same source.

"All we have to say at present is, that if the editors, Edward B. Stevens, M.D., and John A. Murphy, M.D., do not retract the statement and apologize for the same—giving the retraction as extended a circulation as the slander, it will be necessary to publish them to the Profession as Common Libellers and Defamers, besides considering such other means of justice and redress as may be necessary to restrain a vicious license of the Press. A. B. P."[11]

A retraction having followed and the information which the *Lancet and Observer* received traced to correspondence *unsolicited,* Dr. Palmer writes, "We have now done with the *Lancet and Observer,* and are inclined to think, also, with its *unsolicited* correspondent. To the latter, if in the future he will but keep out of our path, we can afford to say as Uncle Toby said of the troublesome fly which he caught, and which most others would have crushed, 'Go, poor devil, get thee gone—this world is surely wide enough to hold both thee and me.' "[11]

RYND *vs.* BRODIE

Charles Rynd while yet a medical student crossed swords with Dr. William Brodie (an extra-hazardous undertaking) on a paper of the latter on "Simple Abscess of Bone with Enlargement." He (Brodie) says, quotes Rynd, " 'We have recorded the above cases that the observation of others may be called out.' We answer, 'The observation after which he so anxiously seeks might easily have been found in the library of any respectable practitioner.' We trust that Dr. Brodie will be more guarded when he next attempts to enlighten the profession on a subject of which he had never 'even heard of' previous to the summer of 1854."[11]

BRODIE *vs.* PALMER

Extreme conscientiousness and search for light marked the correspondence of Dr. William Brodie with the *Detroit Review of Medicine and Pharmacy* (1873) and comment thereon, anent an address of Dr. A. B. Palmer. The deadly parallel column was employed, a critical article from the *Adrian Times and Expositor* quoted, and then (very gently), "We make no charge against Dr. Palmer. We only point out the queer coincidence. Possibly Dr. Palmer wrote his lecture before Mr. Murphy wrote his essays, possibly Murphy is the plagiarist. If so, Dr. Palmer has only to say so. When he does we may refer to the subject again."[3]

"Faithful are the wounds of a friend." The animadversions were taken up with spirit by Dr. Palmer, who writes, "Standing as we are said to do upon the shoulders of our predecessors, constantly making use of the accumulated knowledge of the past, it is impossible to present any subject of science without expressing at least some ideas similar to those that have been expressed before. If one cannot in a public address legitimately announce a principle or make a statement similar to one which may be found in the works of those who have written on the same subject, without tracing such principle or statement to its original source and giving credit for it, then there is an end to legitimate, efficient and instructive public addresses.

"Had the member of the State Medical Society who made this remarkable discovery of parallelism in the above quoted passages, ever himself delivered an address in which a series of the laws of nature was correctly announced, I cannot doubt but that it might have been found that some one else had mentioned some of those laws before; but, unfortunately, no means of tracing such a resemblance are at hand. Had he been president of the State Medical Society, he might have had such an opportunity."[3]

SMITH *vs.* ROBINSON

Dr. L. G. Robinson reported in the *Peninsular Journal of Medicine* for August, 1853, a case of "Amputation at the Hipjoint" made by Dr. E. M. Clark. Dr. Isaac S. Smith of Detroit lost no time in making the inquiry, "Was there any hope of recovery in the case reported by Dr. Robinson—the pulse 100, the patient emaciated, having a cough, and poorly provided with the necessaries of life, and was it prudent under such circumstances to amputate? Experience tells us NO!"

——— *vs.* ———

Commenting upon the report of a surgical operation in the lay press, a medical editor of the Victorian Age of accuracy and tolerance writes, "The prescience and omniscience of the reporter are also remarkable, for of course he was not present at the operation—the code of ethics forbids that, and the minuteness of the details and the knowledge of what will yet be necessary to make the operation a complete success must have come to him in some supernatural manner."

The inference is scarcely plausible. Evidently there had been painstaking research on the part of the reporter who had discovered that "the operation above described has been performed a number of times in this country, but all the cases of which (he) could find any record resulted in death."

At all events the present reviewer justifies himself in withholding the source of the quotations because of adherence to materialistic philosophy and deference to the shades of eminent surgeons.

HOMEOPATHIC *vs.* SCIENTIFIC SURGERY

The above is discussed freely and with the usual amenities of the period in the *Michigan Medical News,* Vol. I, 1878. The participants were propagandists of the respective "schools." Dr. Gilchrist representing the first, Dr. Maclean the second, while Dr. Parmenter lent his aid to procuring affidavits and verifying or disproving allegations on the part of the subjects of clinical activities.

In the language of the "flapper," it was "grand" and the present generation it is not destined to look upon its like.

"At Professor Maclean's request a committee was appointed by the Board of Regents at its late meeting to investigate the Sheriff controversy, which committee determined (1) that Professor Gilchrist had dismissed Sheriff as incurable; (2) that Professor Maclean did not seduce Sheriff or any other patient from the homeopathic clinic; (3) that Professor Maclean completely cured Sheriff of his obliteration of the urethra. These impartial conclusions vindicate effectually Professor Maclean's public conduct in the matter of the University hospital, as they also do his personal veracity which has been publicly called in question."[8]

JOY TO THE (MEDICAL) WORLD

Dr. D. A. Joy, assistant in the laboratory, University of Michigan, had manufactured an electric belt and several members of the faculty had certified, so to speak, to its moral character. Dr. Joy sold the right to manufacture to one M. V. Wagner of Marshall, by whom the belt was "extensively advertised—after the manner of quack medicines."[8] Joy was held responsible by some of the physicians for misuse of the certificates and Drs. Frothingham, Maclean and Palmer were opposed to his continuing in the medical department. Dr. Frothingham submitted to the regents a complaint against him and asked for his removal. His defense was that he had secured discontinuance of the advertisements as soon as they came to his notice. Drs. Dunster and Langley favored him. Drs. Ford and Prescott were outwardly at least neutral—if there's any such animal.

At a meeting of the Board of Regents an attentive ear was lent to the young man (so writes Dr. Mulheron) and there was administered "to his accuser all the snubbing implied in a complete exoneration of the accused."[8]

"Our connection with the affair was simply that of a journalist who owes it to the profession to expose deflection of the nature implied in the conduct of —— etc., etc. We were accused of envy (save the mark), spite, animus, and sundry other motives, and our charges, subsequently made, were pronounced to be the baseless figment of a perverted imagination.

"We deprecate the personal references which were first willfully introduced by . . ."

But why continue? A public weal purpose was accomplished, and the reader is at liberty to fill out the remaining lines as he (or she) wills.

"Thus ends the Joy Electric Device (with scrotal attachment) affair."

However, contrary to this happy assurance, the end was not yet. Confronted with the resignations of Drs. Maclean and Frothingham, the Board of Regents discovered new light "and thought differently, at least we shall be charitable enough to suppose they did," and gave Dr. Joy "the alternative of resigning or to have his chair knocked from under him." He refused, believing the University could not "in the long run profit by thus sacrificing principle to expediency."[8]

What was due to arrive, therefore, arrived.

And apropos the "Electric Device" matter: "Rida Ollapod, M.D." furnishes[8] fanciful certificates which at this remote period of time in complete detachment, and without disrespect to the shades of the meritorious and lovable professors whose feet slipped, may be introduced as a contribution to the gaiety of nations. One was from a druggist in Texas, whose wife was cured of sterility through "a full set" (of the devices), "and one for himself." The tangible evidence of this was the production of triplets. Another in Illinois who was relieved of a chronic disease after "twenty different kinds of roots" boiled down in a wash-boiler had been ineffectual—a boilerful lasting her but a week and her husband tired of digging—was out of bed and able to do a washing soon after the application.

A farmer, in Ontario, whose wife's heels were like two chunks of ice and who used to stick them against his stomach of nights, procured heel devices that "fitted her to a 'T' " and records that she is "now well, for which he is glad."

A doctor, also living in Illinois, esteemed "your 'devices' as one of the grandest inventions of the age:" quite naturally, he having been "called to see two men a few days ago who had been fighting, and had chewed each other up very badly." He "got their noses and ears on all right," but was afraid he "got their testicles mixed." He applied the scrotal devices, likewise the nasal and the anal—and the result is that you would hardly know the two men now."

However, "The Michigan College of Medicine, Dr. E. Halsey Wood and the editor of the *Detroit Lancet* are included" in a "screed" directed to the *Medical News* by Dr. Frothingham, "and are severally touched up in Dr. F.'s happy style," but Mulheron finds it difficult to see "what either of these has to do with the question of Dr. Joy's Electrical Devices (with scrotal attachment)."[8]

A TESTIMONIAL

At the same time the electric-device-with-sundry-attachments controversy was going forward, a Detroit physician found himself in contention with the manufacturer of a copyrighted pharmaceutical preparation owing to the publication of a personal letter to other physicians recommending it as used successfully. His indignation was extreme and he evidently thought it the part of wisdom to placate the caustic Mulheron by revealing the facts to the *Michigan Medical News.* This expedient was tactful, timely and successful.

Mental anguish was acute and wide-spread at this period, and no one knew what a day might bring forth.

And Dr. Connor and Dr. Mulheron were, for the nonce, in complete accord in this matter. Summing up, the former writes, "Let us by common consent drop all certificate writing, whether of medicines, mineral waters, surgical instruments, etc., etc. Let quacks and outsiders occupy this field exclusively."[2]

BATWELL *vs.* MCGRAW

Before the Washtenaw County Medical Society in 1882, Dr. Edward Batwell of Ypsilanti discussed the "Relative Merit of Circular and Flap Amputations."

And in the same number of *The Clinic* he reluctantly criticizes Dr. McGraw for "using an Esmarch bandage above the seat of disease," and decidedly differing with him "where he directs the attention of his students to the ligature of veins." (*See* Volume I, Page 515.)

"Filling a wound with extra ligatures and drain tubes or any extraneous substance to prevent primary union," Dr. Batwell continues, "we look on as decidedly questionable." And in his opinion "the graphic description given by Professor McGraw of 'drawing your patient off the table' so as to complete your operation savors so much of the absurd that we cannot entertain the idea that anything but a joke was meant."

Certainly Dr. Batwell lived well up to his name.

"The following clipping is from the *Detroit Post and Tribune* of March 7, 1882:

RESIGNED FOR THE SAKE OF HARMONY

"Medical politics in this city are *sui generis*. It will be extraordinary if the following letter from Dr. Brown, a lecturer in the Detroit Medical College, who recently sent it to its address, does not provoke some sort of comment. The retiring professor has been a member of the Detroit faculty only since last September. The letter reads thus:"

251 Woodward Avenue,
Detroit, Sat. Eve, March 4, 1882

Hon. Philo Parsons, Secretary of Trustees,
Detroit Medical College.

Dear Sir: With all due regard for the honor shown me by your board of trustees in appointing me lecturer on physiology, I hereby tender my resignation. The feeling that harmony, unity, and freedom from jealousies should exist with the college faculty, to make your school a success, has prompted this action.

Respectfully yours,
I. E. BROWN, M.D.,
Lecturer on Physiology.[2]

The first part of a maxim much later enunciated by an admirable President, "Tread softly," etc., was not in vogue in the eighties.

"If instead of holding these charges, dated December 19, 1877, in his own hands until the meeting of the State Society on the 15th inst.," writes Dr. R. C. Hutton, "Dr. Beebe had presented them personally at either of the two meetings of the Livingston County Society, held since the date of these charges, it would have addressed itself to my judgment as the more appropriate course, and would have relieved all concerned in the transaction, of a too apparent want of ingenuousness."[2]

At a period where rocks and missiles filled the air such stylistic writing is noteworthy.

In the discussion of a paper on "The Symptoms and Diagnosis of Typhoid Fever" read at the meeting of the Michigan State Medical Society in 1896, Dr. George Dock found himself under fire from various parts of the room.

He defended the cold bath and said "a patient who is put on the cold bath treatment is not dropped in a tub of cold water which freezes him or frightens him to death, but he is allowed to walk into the tub of water or is placed there. As soon as he gets in the tub he rubs himself and is rubbed by the attendant over the arms and legs and over the thorax so that at the time he comes out of the bath, so far from being pale and having a washerwoman's skin or looking as if the bath had been too much for him, he comes out with a skin looking more like that of a man training for a prize fight, and at the end of three or four weeks' treatment the man will have a skin more like that of an athlete than that of a patient who had been very sick. The internal congestion does not take place at all. It is entirely imaginary."

Replying to the criticism that the bath is laborious, he said, "There are very few houses where there are not people who have sense enough to carry out the cold bath in typhoid fever. I have known it to be carried out by persons who might be called ignorant. Whenever a patient is sick with typhoid fever in a private house a great deal of work is thrown on the people in the house . . . and the patient is certainly not so much disturbed as when he has to swallow drugs, and unpleasant drugs at that, every fifteen minutes."

Dr. George Duffield said: "In listening to the remarks upon the treatment of typhoid fever by Dr. Dock of Ann Arbor, we are impressed with the fact that he is condemning a treatment that he has never tried and upholding one that we have all tried, and I may say many times have found wanting. For a number of years I tried the Brand method and gave plunge baths whenever the patient's temperature rose to 102.5° I was not fortunate enough to have as many strong patients as Dr. Dock had in the college hospital, that were able to walk to and from the bath room, but they were so weak they had to be lifted in a sheet into the tub at the side of the bed and lifted out in the same way. We had not the use of students *ad libitum* to give these baths, but a limited number of trained male and female nurses, and the task was a laborious one."

Dr. J. H. Kellogg said he had been using the cold bath in typhoid fever for twenty years and had had very good success. "Some nineteen years ago I had an epidemic of typhoid fever with forty cases. All recovered with simply the cold bath treatment."

Dr. Wright of Unionville was worried over death certificates. "Then those patients die?" inquired Dr. Dock. To which Dr. Wright replied, "Two patients have died out of about 125 cases. We have treated about two hundred cases.". In answer to Dr. Dock's inquiry, "What do you give as the cause of death?" Dr. Wright replied, "We have many and various causes that might be given. We call it malarial broken down constitutions that cannot stand the run of these fevers."

Dr. Dock said it was far from him to make a diagnosis of two hundred cases he never saw, but he had "seen such cases before and a large majority of them turned out to be typhoid fever."

Interrogated again by Dr. Dock as to what he gave as the cause of death in certain cases, Dr. Wright replied "extreme prostration or broken down system," whereupon Dr. Dock asked, "Is that a legitimate cause of death?"

The discussion was lengthy, and near the conclusion Dr. Wright did not wish to discuss the matter further, only to say, "I have Spencer, Loomis, Flint, Osler, and as far as quinine is concerned, Osler gives as many as 48 grains of quinine in twelve hours."

Dr. Dock: "He does not recommend such a dose, though, Doctor."

In a symposium on tuberculosis at the meeting of the State Medical Society in 1894 Dr. Heneage Gibbes of the University divided consumptives into bacillary and non-bacillary cases and declared that the nature of the latter cases should be decided, "as it will be a very serious matter if all bacillary cases are isolated in some special hospital and yet these non-bacillary cases, which are capable of spreading the disease, as has been clearly shown by experiments on susceptible animals, should be allowed to remain at large to infect the community."[13]

"Unguided by science or art," said Dr. D. W. C. Wade of Holly, "tuberculosis of the lungs sooner or later destroys life. Spontaneous cure has been remarked in the dissecting room, but not outside of it that I am aware of.

"Bryant in his 'Ode to Consumption' written many years ago, says in relation to the prognosis—

'The fields for thee have no medicinal leaf
And the vexed ore no mineral of power.'

Until recent times the truth of this statement had not been disputed; today we are not willing to admit it."

Dr. E. L. Shurly recommended among other medicinal remedies in treatment "iodine and chloride of gold and sodium," and felt that if iodine could be used hypodermically without pain "we could relieve a much larger number of cases. That seems to me the *one* great drawback to its quite universal adoption.

"The habits of the patient are to be well looked after, especially the habit of walking or otherwise trying too much exercise when the body temperature is up to, say, 102° or 103°."

With some patients "hydrochlorate of quinine by hypodermic injection" is useful in the control of pyrexia.

Dr. Wilkins of Eaton Rapids, himself a sufferer from the disease. thought "that every person afflicted with pulmonary trouble is better out of doors. He should be out as much as possible. I am myself out every day and have been during the past winter."

Dr. Conrad Georg of Ann Arbor came there "thinking that the etiology of tuberculosis was considered a settled fact. At least, in the entire literature of Europe, especially of Germany, which I read mostly, tuberculosis, in all its manifold forms, is today regarded as due to the tubercle bacillus, discovered by Dr. Koch about twelve years ago." He marvels that "a pathologist of known repute, known throughout Europe, known as a competent man, honored by his government, proclaims here that there is a form of tuberculosis, distinct in type, in which the tubercle bacillus cannot be found by any means . . . I think that this is a question that challenges today the pathologists of the world . . ."

Dr. Georg had used hypodermically both the cantharidate of potassium and the cantharidate of sodium and in one of his cases in the city of Chicago, the attending physician had such an effusion of serum into the glottis, that he (Georg) "came near making a similar report to that of a fatal case which I made years ago, here in Lansing, when we had the gas treatment."

Dr. Gibbes, replying to Dr. Georg, appealed to Drs. Shurly and Duffield who replied, as one, "Yes" to the question whether the case of Lizzie S. was remembered, where "I think, Dr. Duffield, you examined [the sputa] and found no bacilli there. I examined the sputa in that case myself, and we have never, in that case, found one single bacillus during life, or in the lungs after death."

He had, notwithstanding this, inoculated guinea pigs from the sputum "which killed those guinea pigs in the usual way."

Dr. Vaughan inquired whether there "were any bacilli in those guinea-pigs; anywhere in those guinea-pigs, when they died of tuberculosis." To this Dr. Gibbes could not reply "offhand."

Dr. Frederick G. Novy of the University in a paper at this meeting on "Communicability and Prevention" said, "There is only one rational explanation of this concordance of results; only one logical deduction that can be drawn, and that is, that tuberculosis is a communicable disease."

It has been "shown to be a communicable infectious disease due to the presence, growth and multiplication of the tubercle bacillus." The modes of infection "are not theoretical, but have been demonstrated experimentally with pure cultures of the tubercle bacillus, as well as with tubercular tissue."

That milk (from tuberculous cows) "may be infectious, is clearly demonstrated." It should not be understood that this is invariably the case.

Next came a paper by Dr. Henry B. Baker of Lansing, secretary of the State Board of Health, on "The Relation of the State to Tuberculosis."

"The State Board of Health believes that consumption is a dangerous communicable disease. It has so declared by resolution."

Dr. Baker requests the coöperation of the profession in the notification program.

Came then the discussion of the last two papers, and Dr. Shurly lifted up his voice. "It is taken for granted," he said, "by these gentlemen that these cases are *all* communicable through the inhalation of the tubercle bacillus emanating from dried sputum. It is taken for granted, I say. And one of the gentlemen, Dr. Baker, says that 3,000 cases occur in the State of Michigan *through contagion* every year. But he does not give us any statistics to show how many of these cases have been actually acquired by personal communication. I therefore challenge the statement. I appeal to any practitioner in this room who has had ten or more years of practice, to decide whether three thousand cases have all arisen through the inhalation of sputum, or by contact with other consumptives . . . Far better would it be for the State Board of Health and the legislature to formulate some plan by which church and state would prevent those unholy marriages which bring forth such weaklings." (Applause.)

Dr. Green said, "I understand the doctor to say he does not believe in the communicability of tuberculosis by milk . . . Now I would like to ask the doctor, if he would be willing to use such milk in his own family or advise it to be used among the children of his patients."

To which Dr. Shurly replied, "I would not use the milk from any very sick animal, but I would not refuse to use milk from any cow because the injection of tuberculin showed reactionary fever."

Dr. S. Bell of Detroit after mentioning climate, residence, food, etc., said, "A state hospital is not what is most desired or needed, neither can the tuberculous patients be classed and treated the same as subjects of well-known communicable diseases. It is practicable and should be done in every case, *viz.*: the preservation and destruction of the sputa."

Dr. Vaughan thought the logic employed in the discussion was bad. He granted for the sake of argument that climate, hereditary taint, etc., were influential, but supposing all these conditions must be present in the individual before he can develop tuberculosis, he pertinently inquired whether it was practicable "to change the climate for everybody," and said "the only possibility of controlling the spread of consumption consists in the destruction of the bacillus." He expressed himself "surprised to find that some still have doubts about the relation of the tubercle bacillus to tuberculosis."

Apropos the construction of a state hospital for tuberculous patients, Dr. Georg of Ann Arbor declared that "too much of a paternalistic government is not conducive to republicanism" and later, that in thickly settled European countries patients are required to "carry a spittoon in their pockets and use that."

"But you do not believe in paternalism," quoth Vaughan, to which the reply promptly came, "Well, that is not paternalism, that is legalism."

Dr. Wright of Unionville thought that "whether it is communicated by the tuberculosis germ" or otherwise, the public should be circularized and educated.

Dr. Gibbes, among other points, gave "now another" which was that "it is all very well to talk about the tubercle bacillus but there is something else besides the tubercle bacillus," and mentioned that he had millions "that are as fat and healthy as they can be, and that are growing well." He had inoculated a number of guinea pigs in March, 1893, and killed them in August, "and there wasn't a trace of the inoculation or anything else." They (the bacilli) "have been separated from the poison that set up the disease."

Comparing with leprosy in China he said, "You could buy a virgin for about fifty dollars." Girls are "rather good looking" at the age of twelve, "but when they are about fourteen or fifteen they begin to develop it." We "want to know something more about this bacillus of consumption," he declares and he doesn't "want to see things taken for granted that are not proved."

Dr. Dock said that "the fact that bacilli are very few, or that they cannot be found at all sometimes, of course does not prove they are not there," but he contributed a little dash of oil to the troubled waters by the statement that "all pathologists admit there are cases of non-bacillary consumption." He declines "to believe they are very common."

Dr. Cope of Ionia believed that when reports are all in, the 3,000 cases recorded "will be more than doubled," that "we will find more deaths from consumption than we have known formerly just as we find now that appendicitis is the cause of inflammation of the bowels."

In the lengthy closing by Dr. Novy in which objections, criticisms, theories and fallacies are laid low, he said, "It is no longer a question of the 'germ theory' of disease. Germs are the causes of certain diseases." There seems to be, he said, "a merciful tendency to spare the tubercle bacillus the odium of being the cause of tuberculosis."

At the meeting of the State Medical Society in 1886 "charges were preferred against Dr. J. H. Kellogg for violation of the code of ethics, which on motion were referred to the judicial council, who reported that the secretary of the society transmit a copy of said "charges to Dr. Kellogg, also to notify all parties interested to appear before the judicial council at ten o'clock of the first day's session of the society at Lansing, 1887."[13]

The judicial council of the State Medical Society reported in 1887 that the complainants had made a full and unconditional withdrawal of the charges.[13]

In this connection the action of the Calhoun County Medical Society in a similar matter (*See* article by Dr. Haughey) is of no little interest.

JENKS *vs.* CARSTENS

Dr. J. H. Carstens thought "the removal of the uterine appendages is indicated if there is disease of these parts which causes suffering so severe as to make life unbearable."

Such position would seem even at this distant date quite reasonable. Still Dr. Jenks "regretted his convictions would not permit him to agree wholly with [his] remarks and said he would confine himself to the discussion of the paper." This was by Dr. Post of Lansing who "while giving us in many respects an able paper, has . . . failed to support his argument . . . and has not given us the result of a single examination." There was, Dr. Jenks continued, in the American Gynecological Association "by no means an unanimity of opinion among skillful operators concerning the necessity of the frequent performance of either Battey's or Tait's operations."

In closing Dr. Post definitely ranged himself among the radicals. He ignored Dr. Jenks, but declared Dr. Carstens and Dr. Manton "do not believe any more firmly in the necessity for an accurate diagnosis than I do," but a "diagnosis can not be made in all cases that will be satisfactory." He was "especially sure that the appendages should be removed in many cases where menstrual difficulties have existed for a long time, even though the cause of the trouble is not apparent." Dr. Ranney had, he said, "from his personal acquaintance with Dr. Battey, placed a high estimate upon his method of operation."

A case of "hystero-epilepsy" was among those included in Dr. Post's paper.[13]

DETROIT MEDICAL SOCIETY *vs.* DR. J. ADAMS ALLEN

At a meeting of the Detroit Medical Society, December 29, 1853, resolutions were adopted reciting "pride and sources of hope to the medical profession" which the University afforded, and which remained unshaken "until a lecture or 'Medical Platform' by J. Adams Allen, M.D." And then—

> "Believing that the opinions embodied in the aforesaid lecture, which seems only to have been sanctioned by the authority of a single name, if suffered to go abroad as the sentiments of the college faculty, will seriously impair the confidence . . . etc., etc.
>
> "RESOLVED: That the faculty of medicine in the University of Michigan be requested to state whether, and to what extent *as a body* they entertain, approve or sanction the expression and dissemination of the dogmas or doctrines, paradoxes or opinions contained in said lecture."
>
> MORSE STEWART, President.
> EDWARD BATWELL, Secretary.

Yeas: Drs. Brodie, Klein, Christian, Kiefer, Spence, Inglis, Batwell and Stewart.

Nays: Drs. Gunn, Brown, Davenport, Robinson, Johnson.[12]

Some months later, the regents, as appears from minutes of the board, "sat on the 'platform'," so to speak.

> University of Michigan, Library
> May 4th, 1854.
>
> "On motion, the members of the faculties of medicine and arts were invited to be present in order to consult on some matters relating to the interest of the University, which invitation was in consequence of the following resolution:
>
> "'RESOLVED, that in consequence of certain rumors of difficulties existing in the University, the president and professors be inquired of whether they know of any such difficulties.'"

In answer to the above the following reply was received:

> "The undersigned professors and instructors in the University of Michigan beg leave to express to the Honorable Board of Regents of the same, in answer to their inquiries,

that they are deliberately of the opinion that the prosperity of the medical college and the general welfare and harmony of the University are seriously affected by the connection of Dr. J. Adams Allen with the institution as a professor.

Henry P. Tappan (President)
George A. Williams
Abram Sager
Silas H. Douglas
L. Fasquelle
Samuel Denton
E. O. Haven
Edmund Andrews
Chas. Fox
A. Winchell
Z. Pitcher
Jas. R. Boise."

This is certainly a formidable array of names from both the literary and medical departments, all of Dr. Allen's confreres in the faculty of the latter being represented except Dr. Gunn. (C. B. B.)

"On motion:

"'RESOLVED, that the term of office of the present professor of physiology and pathology, acting as professor of therapeutics, materia medica, and physiology in the medical department of the University of Michigan, terminate and expire on the 30th of June, 1854, and that said professor be notified of this resolution.'

"On motion:

"'RESOLVED, that Regents Upjohn and Patterson in connection with the President, Professors Denton, Douglas, Sager, and Gunn, on the part of the medical faculty, be and they are hereby appointed a committee to fill the vacancy to occur on the 30th June next in the chair occupied by Professor Allen; and also to notify Professor Palmer that his services will be required at the University at the beginning of the next medical term in the chair of anatomy, or in such other professorship as may be designated by said committee with the consent of said Professor A. B. Palmer; and also to rearrange the duties of the different medical professors, if necessary, for the best interests of the University.

William Upjohn, Secretary *pro tempore.*'"

An outgrowth of this action was that charges of "nepotism" and "corruption" were made concerning Dr. Allen's removal and the appointment of Dr. A. B. Palmer, "to make room for a relative of one of the regents." Dr. M. A. Patterson of Tecumseh, the "relative" to whom reference was made, defends the course of himself and Dr. Upjohn, committee of the regents, who appointed Drs. Ford and Andrews to fill the vacant professorships and rearrange the duties thereof. The "relationship" between Drs. Patterson and Palmer consisted in this, that the latter married the former's sister.[11]

Dr. Allen's career did not "terminate and expire" along with the resignation. He entered practice in Kalamazoo, where he introduced into the world—among many others, doubtless—a sparkling woman friend, near age at present, of the writer, which speaks volumes for his discernment and beneficence. Confirmation of the adage that "all things come to him who waits" appears six years later when Dr. Gunn himself, then in editorial relation to the *Peninsular and Independent Medical Journal* had the opportunity to vindicate his position. He is found fulsomely congratulating Rush Medical College on Dr. Allen's appointment to the professorship of theory and practice. "Large classes will be likely to convene annually under the droppings of an institution which adopts the celebrated Rush as its patron saint.

Professor Allen was identified with the organization of the medical department of the University of Michigan, and for four years continued his labors in that institution. As a scientific lecturer, he is, in our judgment, unsurpassed . . . We can but commend the sagacity which secures his services, and express our sincerest wishes for his personal welfare."[11]

How the "medical platform" was built and what became of it eventually, deponent is unaware. It has been sought in vain. It apparently held strong or was successfully repaired during the six years, 1854 to 1860.

Since the publication of Volume I a bit of pathetic medical history has been received apropos the *Bulletin of the Wayne County Medical Society,* which has failed of mention in Dr. Dutchess' admirable and otherwise comprehensive article. (*See* Volume I, Pages 654 and 655.)

The establishment of this periodical occurred during the presidency of Dr. F. B. Tibbals, in the first year of the reorganized Wayne County Medical Society, a consolidation, in 1902 (July 25), of the Society preëxisting under that name and the Detroit Medical Society. It seems this was "a part of the active program developed with the idea of keeping the two factions previously existing too busy to fight." This is to the mind of the compiler a revelation so shocking that the authorship of the above quotation must, expediently, be concealed. A record of the outwardly amicable amalgamation may be found in the editorials from the *Detroit Medical Journal* reproduced in Chapter VIII of this volume in the account of the Wayne County Medical Society.

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Chapter II

Malpractice, Litigation, and the Physician as a Witness

"Conceal yersel' as weel's ye can frae Critical Dissection."
—BURNS.

"As in times past we were sicke of Offenses
So now are we of lawes."
—MONTAIGNE.

CHAPTER II

Malpractice, Litigation, and the Physician as a Witness

By C. B. Burr, M.D., Flint, Michigan

THE following extract is from an editorial discussion of two unusual cases illustrating "Doctors' Dangers" in *Michigan Medical News*.

"There is a *genus homo* (we will be pardoned for the unintentional slur on the race), a sort of human vampire, who initiates and encourages actions of this nature," and who "justify their doing so on the plea that they are lawyers, and it is therefore their privilege to levy this species of blackmail."

Dr. Foster Pratt of Kalamazoo had a striking personality; he was a forceful speaker, his diction was unexceptionable and he was highly influential in the Michigan State Medical Society of which he was, in 1878, the president.

"One of us" was deeply impressed by his presidential address and has often reflected upon it as indicating how little, uplifters and hearteners to the contrary notwithstanding, men are the architects of their own fortunes. The one mentioned had been a student at that period when "specialists" were evolved, not manufactured from raw material, and had he any especial penchant it was, in common with students generally speaking, towards surgery as being most spectacular and, potentially, remunerative. His acquaintance with the insane was limited to neighborhood experiences in the city of his residence. Psychiatry was wholly disregarded in the schools, and for many years after his entry upon this specialty it was said with a shrug and almost boastfully by the general practitioner that he knew "nothing of the subject." The writer's conception of the care of the mentally ill was that current generally—that it was a question of the custodial, and its functioning mainly a matter of concern to police and peace officers. When, therefore, the scholarly address of Dr. Pratt, the first medical talk he had heard since emergence from the lecture room, reached his auditory centers, the impression was profound. The subject matter was wholly convincing, and hearing it was an important factor in determining a life's work.

The address dealt with the Newcomer-Van Deusen case, a suit for false imprisonment directed against Dr. Van Deusen by a sometime patient in the (then) Michigan Asylum for the Insane, at Kalamazoo. Dr. Pratt dwelt, naturally, upon the medical aspects of the case, pointed out the injustice of the suit and its disagreeable outcome, paid tribute to Dr. Van Deusen as a physician of high standing, devoted to his patients and never sparing effort looking to their betterment. It is a glowing appreciation of an excellent medical official of a state hospital, it is a categorical denial of then current aspersions upon institutional care, it is a caustic commentary on medico-legal court procedure, it points warnings to medical men, and it is a logical presentation of a subject of deep concern to society. It is hoped that its publication in full in this history may have some part in the preservation of a veritable medical classic.

"Ladies and Gentlemen:

"Medical jurisprudence is the joint product of medical and legal knowledge and reason. Its seminal principle is medical—its form is legal—and its purpose is justice. As the stereoscope gives body and bold relief to a surface of lights and shadows, so the binocular observation, by the two professions, of many questions in jurisprudence, gives due shape and definite proportion to the legal result. But differences of professional vision and disagreements in professional impression, often defeat all efforts to harmonize our dual observations of the same object. To obtain a harmonious and satisfactory legal result from our professional stereoscopes, three things at least are essential: first, a clear, distinct and definite mental photograph of the subject; second, equal power in the professional lenses; and third, an accurate and equal adjustment of their focal axes. If, under such conditions, medico-legal jurists study their subjects in the clear, bright light of reason, the result is efficacious for good and rarely productive of evil.

PROFESSIONAL DIFFERENCES

"But there are differences in the nature and purposes of the two professions which seem to impose essential and necessary differences—if not antagonisms—in our relative attitude towards many questions of common interest. Thus, law seeks for rules and precise definitions safely applicable to *all* or a majority of cases; medicine neither has such rules nor tolerates them, because in medicine they are not only absurd, but dangerous; hence, on questions of forensic medicine, lawyers and doctors are often at variance—the lawyer is content if he bring his case or its facts within an established rule—the doctor, disregarding the rule, is content if he establish the essential fact. In medicine the pathological fact or condition is judged with sole reference to its effect on the *individual*: in law the same fact is judged with reference to its effect on the individual as a *social unit*. The doctor observes a fact with reference to the *health* of the man—the lawyer observes the same fact with reference to the *mental capacity* or the *moral responsibility* of the man. The doctor aims to benefit the *man*—the lawyer to benefit *society*. The doctor judges of men sick of the same disease, by *unlike* rules, because men are physiologically unlike—but the lawyer judges men by *like* rules, because before the law all men are *equal* if not alike. In law, certain precise, perhaps arbitrary, distinctions are possible and necessary and wise that in medicine are neither possible nor necessary nor wise. For example: puberty by law is inferred or declared to exist at the age of fourteen years. In medical physiology such a rule is not necessary, nor is it by any means true. Again in law one who is 7,649 days old is an infant, a boy, a minor; while one who is 7,650 days old is a man—a distinction which in medicine is neither necessary nor useful.

"And so it seems to be a necessity, growing out of the nature of the two professions, that the medical idea must be mainly special, while the legal idea must be mainly general; and the two standpoints, *from* which the two purposes *for* which the two professions observe the same facts, seem to impose a necessary difference in many of their conclusions, —a difference that too often becomes the occasion of wide disagreements and unseemly disputes. These can be avoided, if each will study the points from which and the purposes for which the other observes and judges the matter in controversy.

INSANITY THE CHIEF TOPIC OF MEDICAL JURISPRUDENCE

"Chief among the questions that lie within the domain of medical jurisprudence,—chief in its importance and chief in its intrinsic difficulties,—is the great question of *insanity*. It is an important question, because it signifies the destruction, more or less complete, not only of that grand attribute of reason which is man's chief glory and the guide of his individual life, but also because it is the destruction of that moral accountability by which, as a member of the social compact, his irrational infractions of human law must be measured, and judged. It is a difficult question, primarily and mainly, because, as a malady of the mind, it is an almost inexplicable disturbance of an utterly inexplicable attribute of human nature.

THE ESSENCE OF MIND UNDEFINABLE

"That undefined and undefinable, but positive and essential human attribute that we call mind or soul; though carefully studied in all ages, has hitherto successfully concealed its essence and the nature of its physical union in him who holds it as his highest endowment and chief glory. Though he date its advent at the birth and its exit at the death of the body, he cannot, of himself, tell 'whence it cometh or whither it goeth.' Scalpels, chemical tests and microscopes alike fail to disclose the 'vital spark,' whether they question 'the quick or the dead'; for in the dead it is absent; and if these curious intruders invade its living home, it is only to find the house warm, but the tenant gone. Though from the beginning it has had, in 'these clay tenements', a 'local habitation and a name', the tenant has never, in all the ages, been compelled to disclose its tenure or to defend its possession. Though spirit and flesh, as tenant and tenement, have often struggled with each other to the death, they have never yet stood face to face, for judgment, before any earthly tribunal. Though the tenant often stands, in spiritual grandeur and triumph, upon the very wrecks of its fleshly habitation, all attempted revenges, by the crazy tenement, on its viewless tenant, only debase its own godlike functions into those of a gibbering ghoul or a dancing satyr. How presumptuous is dogmatism, and how becoming is humility in such a presence! The thoughtful observer of such mental phenomena, however curious and anxious he may be to penetrate their mysteries, like the ancient lawgiver, beside the bush, that burned and was not consumed, will reverently hear and obey the voice of hidden power: 'Put off thy shoes from off thy feet, for the place whereon thou standest is holy ground!'

REASON CAN BE INVESTIGATED ONLY BY REASON

"But though we be ignorant of the essence of mind, even as we are ignorant of the essence of wind, of sunlight, and of the thunderbolt, it is permitted us, by reason, to investigate reason and to learn some of its laws of action and of physical association; and though the soul jealously evade the physical eye, even when armed with microscopic power, it coyly but kindly reveals the laws of its operations to the introspective eye of the mind, armed and aided only by reason. Though it never permits the withdrawal of the curtain from that marriage bed where matter weds with spirit, it does permit the ideal or intellectual children of that marriage to move in stately phalanx of reason, or with the sportive graces of imagination, before the scrutinizing 'mind's eye' of every Hamlet and Horatio. And if, among these ideal children of the mind, some are deformed, or crippled, or unwholesome, or uncanny, or unhappy, we are permitted to know, at least in part, the parent causes of their deficiency or defect. And so it is—mind being intangible, its derangements and diseases are not known to us (figuratively speaking) as distinct forms of definite substances, but, as it were, *by the shadows they cast* across the life, and in this consists the chief difficulty of acquiring accurate knowledge and of forming just judgments of those various diseases of the mind that, grouped together, we call insanity.

THE GENERAL MEDICO-LEGAL RELATIONS OF INSANITY

"It is not possible within the time proper for such an address to discuss the general medico-legal relations of insanity, nor, if it were possible, would it be profitable to such an audience. Many text-books, by medical and legal authors, treat fully and ably of the whole subject, and are accessible to all who wish to become familiar with its details.

"On the general jurisprudence of insanity it is enough for me to say that the law views the insane person in a three-fold relation,—in relation to his disease, to his property, and to his conduct. While the real and legal peculiarities of each of these relations are distinct, they are also more or less mixed, occasionally, by the nature of the case and of the circumstances surrounding it. As medical men, we perform unlike functions towards those legal relations of insane persons, for, while in the *first* we are physicians *treating a disease,* in the second and third we act (if we act at all) only as experts, expressing our opinion respecting the *existence* or the *effect* of the disease.

THE RELATION OF PHYSICIANS AND FRIENDS TO THE INSANE

"While the law, suspicious of our agency as experts (like a jealous lover, not able to live with us, nor—very well—without us), has very clearly defined our position and rights as expert witnesses in cases involving insanity, it has been quite careless about our rights and immunities *while treating insanity as practicing physicians,* and equally careless in regard to the rights and interests of relatives and others having the care and custody of the insane during medical treatment.

"It is to this latter branch of medical jurisprudence, full of importance to us as medical men, as well as to the insane, to their friends, to society, and to the state, that I ask your special attention. It is a topic on which the people seem to be profoundly ignorant; a topic on which even legal and medical knowledge is lamentably deficient; a topic, too, strangely slighted by the text-books; but a topic lying at the very *threshold* of our professional relations to insanity.

"Our relations to it are neither fanciful nor ideal—they are real and practical. The medical management of insanity is imposed on us as a duty, not only by our confidential and professional relations as family physicians, but by the great law of humanity. It is laid upon us as a necessity—a *necessity*, I say (unless we be recreant to all claims of duty and of human kindness), that we detect and determine the existence of insanity, and that we advise and act in the management or treatment of it *as a disease*. Before—sometimes long before—it furnishes a proper occasion for police interference to restrain the violence, and prevent the danger caused by insanity, we have had occasion to deal with it as a malady; nor do our functions end when the law has taken the case into its own hands. Our remedial agency follows it and often becomes concurrent with it in the curative and controlling effort.

"But recent events have demonstrated that, in the exercise of some of our highest functions and most delicate duties to insane patients, *we are in danger*—in danger from ignorant prejudices (a law to themselves when empaneled in the jury box) and in still greater danger from legal utterances recently applied to us by a court. It behooves us, therefore, to carefully examine our legal relations to insane patients.

"The question thus thrust upon us is this: What are the legal rights, liabilities, and immunities of medical men who treat insanity as a disease, and of others who care for insane patients? Somewhat more tersely stated, my topic is—

THE LEGAL RELATIONS OF INSANE PATIENTS

"Fortunately for the human race, sanity is the normal or natural condition of its reason or intellect. The sane, whether regarded from a medical or a legal standpoint, constitute the overwhelming majority of mankind. Varying in different races and under different physical and moral conditions, we find the number of insane stands, in proportion to the total population, as one to eight hundred, one to one thousand, or one to twelve hundred, as the case may be. By the census of 1870 it was shown that, in the United States, the total number of insane (exclusive of idiots) was 37,432, which was a practical average of one in one thousand.

INSANITY A SYMPTOM OF DISEASE

"Sanity, therefore, being manifestly the normal condition of the human reason, we can safely assume that insanity is abnormal; and, furthermore, under the light of modern science, there is now a substantial agreement that it is a disease; or, to speak still more definitely and accurately, it is *not* a disease, but a symptom of many diseases or pathological disturbances; as, for example, in acute mania and in melancholia we have insanity as a symptom or a result of widely differing causes or conditions.

DEFINITION OF INSANITY

"There may be some, perhaps, who demand a more precise *definition* of insanity. Here it will be proper to remark that the doctor's definition of insanity, *for the practical purposes of his profession*, will, and perhaps must differ from the definition given by the courts for legal purposes. Be this as it may, the two professions have never agreed, as yet, on a definition of insanity.

"The old legal definition of insanity declared it to be 'an inability to distinguish between right and wrong.' This was shown, by the doctors, to be insufficient; because many who were insane on *one* subject were perfectly sane and knew right from wrong on every other subject. Driven from this, the courts next defined insanity to be or to consist in *delusion*. This was a close approximation to the truth; but we followed this with a demonstration, that even when there is *no* delusion there may be and there often is an *insane* impulse overpowering the will and compelling an act known to be wrong and against which the reason revolts, but which the will cannot resist, and because it cannot resist it, the man cannot, justly, be held responsible for it. And now (so far as is known to the speaker), the courts are at sea, but endeavoring to discover a definition of insanity on which they can safely build a legal superstructure for the proper legal accommodation of all classes of *non compotes*.

"The law, of necessity, includes among its *non compotes* the idiotic, the infantile, and the senile. These can never be included in a medical definition of insanity, because their mental condition, in the main, is due to physiological or natural causes. The medical profession, on the other hand, must include, in its definition of insanity, those afflicted by the vagaries of hysteria, the delirium of fever, and other temporary disturbances of the nervous system caused by disease. But though these disturbances are destructive of intelligent and moral responsibility—*while they last*—they are so brief and so little or so seldom dependent on inherent insane tendencies, that it would be not only unwise but unjust to include them in a general legal definition of insanity.

"Excluding, therefore, the idiotic, the infantile and the senile, medical ideas and purposes, in regard to insanity, are fulfilled by saying that—

"Insanity is an impairment of the natural judgment or will, caused by physical defect, disease or injury, and causing irrational conduct.

"By this definition we derive insanity from defect, disease or injury requiring treatment; it is a disease that impairs *judgment*—a term that includes memory and the mental and moral perceptions by which man is made an intelligent master of his own action and capable of distinguishing right from wrong—delusion from fact; it is a disease, too, that impairs the *will* by which (while it is free) man is made morally responsible for his acts; but however clear may be his intellectual and moral perceptions, if his *will* be impaired or overpowered by *insane impulse,* the foundation of his moral responsibility is gone. By this definition, the impairment of a man's mind and volition is ascertained by comparing him *sick* with himself *well*—his *diseased* with his former *natural* condition; it does not compare him, mentally weak by nature, with the average mental strength of mankind, nor does it compare him, naturally eccentric, with the average symmetry of mental development. As from the disease we infer treatment, so from the known nature of the disease, as well as from the irrational conduct, we infer *restraint* as a part—a necessary part—of the *treatment,* and also as a police precaution, the extent of which will be measured by the danger to person or property.

"This definition, I repeat, will serve medical ideas and purposes, but may not serve a just legal purpose, because it includes many classes of temporary mental aberration that the law does not and should not call insanity nor treat as such. It is nevertheless true that if, while in one of these brief aberrations, a person should do violence or injury, should make contracts or a will, the courts, on proper evidence, would undoubtedly treat it as a case of temporary insanity.

"Having thus defined insanity in its medical sense, we are prepared to consider our professional relations to it as a *disease requiring treatment.*

THE MEDICAL AND POLICE TREATMENT OF INSANITY

"The treatment of the disease (whatever it may be that *causes* the insanity) may require moral, hygienic, or medicinal measures—all at once, or one at one time and another at another. The irrational conduct, also, (without regard to its danger) will require restraint as a part of the *treatment.* The degree of restraint will differ in different cases and at different times in the same case; but it must be constantly borne in mind that, whatever the degree, at some time, in some way and in some degree, physical or moral restraint belongs to the *purely professional treatment* of the case. Restraint, therefore, serves two purposes—it is a remedy for the *cure* of the disease, as well as a prudent preventive of dangerous conduct *caused* by the disease. But the two purposes for which the restraint is used, are, in their nature, as wide asunder as the poles—and that, too, notwithstanding the fact that it may be used for both purposes, in the same person, at the same time. As a part of the therapeutic treatment of the disease, it performs the noble and loyal purpose of assisting to restore kingly reason to its native throne; while as a preventive of dangerous conduct, it becomes the vulgar though useful precaution of a legal police: it will not be equally curative, but it is equally applicable to the drunken brute as to the gentle Ophelia—to the degraded criminal as to the queenly Carlotta. Intelligent natural affection, medical science, and common humanity kindly conspire to demand the restraint even of the gentle lunatic for *his* benefit; but society, selfishly though properly, demands it (if he be violent) mainly for *its own* benefit; and the law, humane as well as just, should as sedulously protect the proper use of it when purely remedial as it enforces it for its own protection, whether remedial or not.

THE USES OF RESTRAINT AS A REMEDY

"To guard against misconception or misunderstanding of the purely medical meaning and uses of restraint in the treatment of insanity, it may be well to remark that it does not mean dungeons, nor handcuffs, nor gyves, nor straight-jackets; still less does it mean whipping, or scourging, or starving, or shower-baths, or any other manner or form of torture; but it is a restraint which makes medical, and moral, and hygienic treatment possible —it is a restraint which secures for the patient perfect 'rest and seclusion from all that is harassing or vexing,'—a restraint upon his freedom of action, such that the relaxation of it, in the direction of liberty to walk or ride out, 'to visit places of amusement, to have money at command, to choose his own recreation' in green-houses or in flower-gardens, in games of ball, croquet, or billiards, or in a social dance, becomes an incentive to efforts in self-control; because, it is as he succeeds in this that his liberty of action is gradually restored—and fully restored when he is found to be able, without 'surveillance or watching', to control himself in all things. It is, therefore, a means of cultivation and re-establishing complete self-control, by making *fuller* self-control the reward of *some* self-control—by which the complete self-control of a rational man is made, to the insane man, the highest prize of rational action and of good conduct. 'This it is, and nothing more;' and this, essential as it is in the treatment of the disease, is impossible without the asylum or its equivalent.

WHO OPPOSE THE RESTRAINT

"I have thus emphasized the distinctions between the double or twofold functions of restraint in the treatment of insanity and in the management of the insane, for the reason that it is right here and because of the common failure to distinguish between the therapeutical and the police uses of restraint, that the medical profession who advise or those of our number who conduct the treatment of insanity, find themselves confronted by 'a world in arms.'

"First, but hardest of all to meet, come the relatives and friends with quivering lips and tearful protests against restraint; following them, come the ignorant rabble, armed with scowling suspicions engendered by musty traditions of an ancient bedlam and by fresh recollections of a county poor-house, who demand humane treatment of the insane; and last of all we encounter courts and lawyers and their heavy artillery of magna chartas, federal and state constitutions, and bills of arms of statutory and common law—and all, as it seems, to impress on the perverse or the obtuse medical mind the truly grand but not very novel idea that 'no person shall be deprived of liberty unless by due process of law.'

"Now all these protests, from all these classes, evidently spring from the natural impulses of humane hearts that, misdirected though they may be, do credit to human nature if not to the general intelligence. Even the humane physician who is the object of the ignorant suspicion cannot but respect the primal impulse that sets all this machinery at work, even though it be based on the mistaken assumption that he is a brute or a fiend.

UNFOUNDED SUSPICIONS

"But against whom is all this array? Bad men there may be in our profession, as in what profession are there not? But do your governors and your senates appoint such men to manage the humane institutions of your state? Or are we all brutes and villains that these demonstrations of 'swords and staves' are made against us? Are we, of all men, the only ones who lack those sweet humanities that 'make the whole world kin', that we are the especial objects of suspicion and distrust?

"Who, pray, led the world in practicing humanity to its reason-bereft children? Who taught the world that insanity was not a crime, nor the necessary consequence of sin, nor a special visitation of divine wrath for iniquity, nor a possession of the devil? Who taught the world that insanity was a disease to be treated and to be cured? Who opened their dungeon doors and let lunatics out into God's free air and sunshine? Who struck off their manacles? Who demonstrated that they were human beings and not brutes? Whose study and labor taught mankind how to cure a large majority of these pitiful and previously hopeless objects? Who inspired states with the desire to aid in restoring reason to its citizens? Who taught states how to accomplish this laudable desire? And who, after achieving all this, have directed the construction and the management of your asylums, and have so managed them as to send back to home and friends and useful employment thousands upon thousands of these stricken ones? Who, outside of the medical profession? What one man in any other profession in any part of the world dare stand up and say that *his* head or *his* hand was conspicuous in this humane revolution? And as against medical men, who have so successfully preached,—preached?—aye, and practiced this humane gospel—as against us, I say, what set or body of men can now successfully 'arrogate to themselves, as if by a heaven-born right, the duty of protecting the interests of society' especially with the 'implication that we are not to be considered?'

HURTFUL SUSPICIONS

"I do not assume, by any means, that doctors are better than other men,—I certainly shall not admit that they are worse,—but I thus accentuate these demonstrations of suspicion against many who are among the best of our number for the purpose of attracting your attention to the cause of them, which, so far as it relates to the insane, I believe to spring from the popular suspicion of the nature and purpose of the restraint and the seclusion medicinally used in the asylum or elsewhere. Although the restraint and the seclusion are necessary features of asylum treatment of this disease, it is important that all should know and remember that the asylum is not a prison where men and women are confined for crime—no more a prison than the hospital in which small-pox patients are confined until their going at large will do no harm. This widespread suspicion of our professional relations to the insane is doing harm—harm to the recent insane, whose treatment is thereby delayed until it is too late to cure,—harm to the friends of those already under treatment,—harm to the institution,—harm to the state; and this tide of suspicion can be stemmed only by the three great departments of our state government, each acting wisely and justly in its own sphere. If more safeguards are needed let the legislature throw them around these poor unfortunates by additional legislation; if better inspection and stricter surveillance by state officers of the asylums be required, let it be immediately given; if judicial action be required to punish any thing found wrong, let the punishment be fearlessly inflicted. We do not propose or desire that the wrong done by medical men shall go unpunished; but if legal countenance and support to medical men, in the scientific, conscientious, and humane performance of their professional duties to the insane be demanded, we expect to get it. Let us know, too, just what our rights and immunities and duties shall be in this respect. Meanwhile what is the legal situation?

LEGAL OBSTACLES TO TREATMENT

"We have been recently judicially informed by one of our state courts that 'in the legislation', providing for the admission of *private* patients into the asylum, '*a great blank has been left.*' After twenty years of successful working under that law in this state, some forty years of similar success in eastern states, and about fifty of equal success in England, we are startled by the judicial announcement that the sick should not be restrained without their consent or a *judicial proceeding* to determine its necessity. It is further suggested by the court that if the sickness be insanity, the appointment of a guardian, under the decision of a commission *de lunatico inquirendo,* would be appropriate as a condition precedent to restraint,—and even a necessary precedent in such cases, unless parties are willing to risk liability to prosecution for depriving a citizen of liberty 'without due process of law.' It is admitted by the court that if the person's insanity be such as to make him dangerous to himself or to others, and (in case of suit for false imprisonment) if this degree of danger is proven by the defendants, it is a legal justification of the confinement. With this police idea of confinement we have little to do; our question is *this:* is the restraint necessary to the proper medical care and treatment and cure of an insane person, such a deprivation of liberty that, unless authorized by 'due process of law,' *there is no legal justification for it?* If the final answer be 'yes,' we wish to know it; if 'no,' we also wish to know it.

DUE PROCESS OF LAW

"What is this 'due process of law'? Is it always and of necessity a trial by jury; or in the case of one insane, is it by a commission *de lunatico inquirendo?* Is it even a purely judicial proceeding? Is it, of necessity, the proverbial 'day in court'? Our Supreme Court —other courts, also—say: 'Temporary deprivations of liberty must often take place through the action of ministerial or executive officers or functionaries, or even of private parties, where it has never been supposed that the common law would afford redress.' (30 Mich., p. 211.) All the courts declare that if a person's conduct be dangerous to himself or others, anybody, whether an official or not, is authorized to confine. This doctrine makes no distinctions or discriminations between the various causes of the dangerous conduct. It puts the debauchee on the same plane with the respected citizen bereft of reason,

> 'Upon whose pathway shone
> All stars of Heaven, except the guiding one.'

COMMON LAW RULINGS

"In the case of Josiah Oakes—the first case in the United States involving the natural right of relatives to care for their insane at home or in an asylum—Chief Justice Shaw of the Supreme Court of Massachusetts, in his decision affirming the right, bases it on 'the great law of humanity which makes it necessary to confine those whose going at large would be dangerous to themselves or others. And the necessity which creates the law creates the limitation of the law,' and on the question of the duration of the restraint, he makes this important addition: 'His restraint should last as long as is necessary for the safety of himself, and of others, and *until he experiences relief from his disease of mind.'* He further says: 'A man may be restrained in his own house (by his family or friends), or in a suitable asylum, but under the foregoing rules and limitations.'

"Judge Burnside of the Supreme Court of Pennsylvania, in the Hinchman case, holds this doctrine even more emphatically: 'if the relations and friends conscientiously believe one of their number to be insane, it presents a case in which the patient may be placed by them in an asylum or hospital, *for the purpose of restoring him to health.'* Again he says, 'Insanity is a justification of arrest and of the confinement, *so long as it is necessary for the health and improvement of the insane person.'*

NATURAL LAW

"I do not profess, of course, to be an expert in law—diffidence here is becoming in me—especially in that department of it which is said to be 'the perfection of human reason;' but reason teaches me that the right of the sick to care, and of their friends to give it, is inherent and reciprocal in them under the great law of human nature. It is a law paramount to Magna Charta, and all constitutions and bills of rights, because it is both an *older* and a *higher law.* Bills of rights *create no rights*—they declare some rights that *exist.* Such *rights,* however, do not exist by virtue of any written law, and this *right,* as well as the reciprocal *duty* of friends and relatives to care for each other in sickness, becomes no more their right when declared than when undeclared by statute. If this be true, then that 'great blank in our law' which consists merely of an omission of the statute to declare a great natural right or the precise mode of exercising it, becomes a matter of small consequence. I do not doubt the sufficiency of the law to punish any abuse that may be practiced under this natural right; but I deny the validity of any law that attempts to abrogate or abridge it, except for cause, and by 'due process of law'—whatever that may be.

"Having thus vindicated, as best I could, my individual opinions upon the natural right of relatives to care for sick relatives and friends, in *their own homes,* I wish to add another thought.

THE NECESSITY OF AN ASYLUM

"Insanity differs from all other forms of disease in this: In ordinary sickness, the patient, with friends to care for him, is better off and more likely to recover *at home* than anywhere else; while of the insane patient the reverse is true,—he is better off and much more likely to recover in an asylum or hospital. This being true, is it not evident that the friends who place a patient in an asylum, that he may receive this greater benefit, do but exercise, in the asylum and through its officers as their recognized agents, those rights which, when exercised at home, no reasonable person will question, unless the care be clearly inadequate or the right be abused? What necessity, therefore, that the right to thus utilize an asylum (furnished by the state for just such use), should be declared by law, or that the law should make any provision about it except so far as it may be necessary to secure the state from an illegal pecuniary burden? This provision our statute makes, and this, as it seems to me, is all that is required by the necessities of the case.

WHO DECIDES THAT INSANITY EXISTS?

"But who shall determine the existence of insanity? This is a practical question sometimes full of difficulties to courts, lawyers, and doctors, as well as others; and if some of the legal doctrines now commented on shall prevail, it is a question that is full of danger to physicians and to all who deal with insane as patients.

"Chief Justice Shaw (before quoted) on this question, in its relation to police regulation, says: 'An insane person has no will of his own, hence the duty of others to provide for his safety and their own.' 'Whose duty?' he asks, and answers by saying: 'Relatives if he have any—the nearer the better—strangers if necessary.' The duties of magistrates and police officers in this respect are prescribed by statute. The right to restrain involves the right (but only for the time being) to determine the cause and the necessity of the restraint. But this doctrine of the common law devolves on the defendant the possible necessity of proving not only the insanity but the danger from it, in justification of the restraint. Insanity, under this doctrine, is no justification unless the danger be proved. Proving the danger by the injury *done,* is too much like 'locking the stable after the horse is gone' to be either wise or prudent. If this proof must be made before an ordinary jury, it will often fail to convince. If one, like Shakespeare's Ophelia, were before a jury, it might not be difficult to establish the *insanity;* but in the absence of overt acts to prove danger would the jury admit the *danger?* Experience teaches us to doubt the verdict: but the danger—the imminent danger—would nevertheless exist. Medical experience and observation, now tabulated, demonstrate that danger from insanity exists in so large a majority of cases that there is no safety in any position which does not *assume the danger* *from the insanity.* This is proved to be so uniformly true of recent cases of the disease that it is safe to declare as a general truth that *the onset of insanity is the beginning of danger.* When the courts can be convinced by the facts that this is true and will so declare it—or if the legislature, by a statutory enactment, will so declare it, an important step in advance will have been taken—a step which will do infinite good to the insane, and to their friends, and to all others who are compelled to deal with them as patients.

"The duty of declaring the existence of insanity for purposes of restraint or treatment, so far as prescribed by our statute, is definitely devolved:

"1. *As to paupers,* on the superintendents of the poor and a reputable physician,

"2. *As to indigent persons,* on judges of probate.

"3. *As to private patients,* it is left to their friends or other persons of certified responsibility and a reputable physician.

COURTS THE FINAL ARBITER

"But the exercise of this power under these circumstances, and for these purposes, and by the persons or officials named, is necessarily subject to review by the courts, if for no other reason, to prevent abuses of the power by wicked, or irresponsible, or ignorant persons.

"The power to declare a person *non compos mentis,* by which he is relieved of moral responsibility for his acts, or deprived of the control of his property, being lodged by law with the courts, they, in the exercise of this power may, and sometimes must, review all preceding acts of those dealing with the insane persons under consideration. So that, in various ways, the temporary determination of insanity, for temporary purposes, is ultimately brought into the courts.

POLICY OF ENGLAND TOWARDS INSANITY

"Without attempting to enumerate, much less discuss, any of the many questions which arise here, except such as affect the rights and liabilities of physicians and of others who deal with the insane patients, I beg to call your attention, in this connection, to the policy of England towards her insane and her insane asylums. It is a policy with her, older than our government, and one that has worked so well and for so long a time that it is deserving of careful consideration. It is particularly interesting and important on the question of judicial interference in the treatment of the insane as patients which was raised recently by one of our courts. This policy is so clearly and so admirably expressed by Sir William Blackstone that I use his words. He says:

"'On the first attack of lunacy, or other occasional insanity, while there may be hope of a speedy restitution of reason, it is usual to confine the unhappy objects in private custody, under the direction of their nearest friends and relatives; and the legislature, to prevent all abuses incident to such private custody, hath thought proper to interpose its authority *for regulating private mad-houses.*' (It will be borne in mind there were no public asylums in his day.) 'But,' he continues, 'when the disorder is grown *permanent,* it is proper to apply for royal authority to warrant a lasting confinement.' (By the theory of English law, the king is the natural guardian of idiots and lunatics—a function assumed, under our form of government, by the state, and—in all cases requiring judicial action—exercised by it through the courts.)

"Applying this statement of a sound and humane policy—*mutatis mutandis*—to our own times and conditions, what does it mean?

"In Blackstone's time the cure of insanity was unknown—indeed was not supposed to be possible; but insanity *was* known to be, in some cases, *of short duration*: but now a large majority are cured. An insane patient, therefore, while he is supposed to be curable or while medical treatment offers hope of recovery, is left, under this policy, to the care of his friends in the asylum, subject *to the rules and surveillance,* while in the asylum, *of his natural* or *constitutional guardian—the state.* Extraordinary cases alone excepted, the courts, while the insane person is under medical treatment, take no cognizance of him, nor is their action in his case or affairs advisable until his malady has become permanent or there is little hope of recovery.

BETTER TO PREVENT THAN TO CURE ABUSES

"There is practical wisdom in the old adage that 'an ounce of prevention is better than a pound of cure.' The 'cure' to which I now allude is not the cure of insanity, but that cure of a fictitious wrong supposed to be found in asylums which is relieved by six-thousand-dollar verdicts. If it be better to prevent a theft than to recover the stolen property and punish the thief, if it be better to prevent a bruise than to cure it with expensive plasters, then, if mistakes *are* made in the admission of patients at the asylum (I will not even assume the existence there of deliberate abuses), if, I say, mistakes occur, it is better to prevent or correct them at once than to persist in them for months and years. While I shall not deny the possibility of mistakes of judgment in regard to a disease so difficult of diagnosis as insanity sometimes is, I do not hesitate to express my belief that the number of mistakes made is infinitesimally small; but, I should still more earnestly insist that it is better to prevent the mistake (or, if you please, the wrong) as far as possible by state surveillance, than to cure it afterward; and infinitely better than to require (as suggested by the court in the late Van Deusen case) judicial permission to place an insane person in the asylum for treatment; for, it is not apparent why it should be necessary to have 'a day in court' to prove this, any more than any other sickness; while it is apparent that, in recent insanity, the judicial proceeding will be repugnant to the feelings of friends and injurious, if not fatal, to the patient.

"Having thus challenged your attention to a policy of state surveillance of our asylums, it may be asked, how can it be accomplished? I answer, it is *already accomplished;* it has been in use ever since the first opening of our asylum in 1859; but like all other regulations relating to the internal affairs of the asylum, it is not made conspicuous or demonstrative to quiet the apprehensions of the ignorant and the suspicious. What are the details of the plan in use?

THE POLICY OF MICHIGAN

"Each of the two asylums, in this state, is governed by a board of six trustees, appointed by the governor and approved by the senate, from the intelligent and reputable citizens of the state, and representing, as equitably as possible, all sections of the state. The boards are required to hold quarterly meetings at the asylum under their charge, and in addition to these meetings, some or all of the trustees are required to visit each institution monthly, at which times it is made their duty to carefully examine all parts and departments of the institution under their charge, and to make a monthly record of their approval or disapproval of its management and workings. At these meetings all cases of insanity recently admitted to the asylum are reported, and any questions regarding the mode or propriety of any admission are at once decided.

"We have also a board of state charities, clothed with power to make, at any time, careful examination of, and to exercise supervision over, the asylums for the insane, including the power to inquire into alleged abuses and to recommend what further legislation, if any, is needed to increase their efficiency or prevent abuse.

"Whenever the legislature meets, its committees visit and inspect the asylum, its records and departments, and report to the legislature the results of their observation. Many other provisions subsidiary to these main features, but too numerous to mention, express the anxiety of the state to fulfill its duties as the guardian of its feeble-minded citizens.

"If this be not enough to give the requisite guaranty of good faith and good management on the part of asylum officers, the legislature, in the exercise of its wisdom, can and will make the surveillance even more rigid (but not more conspicuous) by clothing existing boards with additional powers, or by the creation of a commission in lunacy, to be a body separate and distinct from the managing boards. But in doing this, if indeed it be necessary to do anything more, they should be very careful not to impair the usefulness of the institutions to the nine hundred and ninety nine properly and profitably there for the mere sake of preventing a question about the doubtful *one*.

"I am fully of the belief that the present system is ample to provide for all real necessities and to prevent all real dangers to the rights of person or of property; but I do not believe that the present or any other system will altogether prevent suspicion and prejudice, especially when instigated and fomented by interest or malice. But if something must be done to give greater security, in the name of humanity let it be almost anything except a judicial decision to determine the necessity for asylum treatment. The reasons for this position are too numerous and too weighty and too obvious to need mention among medical men.

NEWCOMER *VS.* VAN DEUSEN

"I now take occasion to say that the topic of this address was suggested by a suit recently tried in the circuit court of Kalamazoo County of this state—entitled Newcomer vs. Van Deusen—in an action (as technically defined by the court) 'for false imprisonment and assault and battery', the plaintiff having been a patient in the insane asylum at Kalamazoo, and the defendant, Dr. Van Deusen, having been, as you all know, its medical superintendent.

"The plaintiff claimed that she was sane and was illegally confined in the asylum; and therefore, Dr. Van Deusen was charged in the trial, not only with technical false imprisonment and assault and battery, but was also charged with conspiracy to confine and with damages for malpractice and maltreatment by him or his responsible agents. By a ruling of the court declaring a technical defect in the mode of admitting her into the institution, testimony was admitted tending to show damages to her from malpractice and maltreatment while thus under the alleged illegal duress.

"The defense denied the sanity of the plaintiff, denied the conspiracy, denied the false imprisonment, and denied the malpractice and maltreatment.

"With all due respect to court and jury, I claim the right, as an individual citizen, to declare my belief (based on a full knowledge of the case as made) that the evidence, by an overwhelming preponderance, proved the plaintiff's insanity—proved that she was placed in the institution at the request and with the permission or approval of her nearest relatives—proved that there was neither conspiracy to confine, nor malpractice nor maltreatment during her confinement—proved that, instead of being injured, mentally or physically, by her confinement and treatment, her life, in all human probability, was thereby saved, and proved, furthermore, that when she was discharged (at the request of her friends by whose request she was placed there) her health and reason were both greatly improved.

"But a verdict was rendered by the jury, assessing plaintiff's damages against the defendant at the sum of $6,000.

"The question naturally arises, if the evidence in the case proved the facts to have been as now claimed, how, or on what grounds, was such a vindictive verdict obtained?

"To say nothing of the fact that the plaintiff was a woman and the defendant was a man and a state officer; to omit all discussion of the popular inability to determine, in most cases, the existence—especially, to determine from evidence, the *past* existence—of insanity; to refrain from all detail of the popular ignorance, and consequent prejudice (partly a consequence of former barbarism) regarding the asylum custody of the insane, inflamed, too, as it has been of late years and for mercenary purposes, by highly wrought fiction, sensational literature and an unscrupulous press; to ignore the effect of untruthful statements, scattered broadcast over the state by patients discharged from the asylum half cured; to say nothing of that other class of falsehoods told by discharged and malicious or spiteful employes of the institution: refraining, I say, from all discussion or estimation of the effect of one, or any, or all of these several causes of prejudice or erroneous belief in the popular mind, including jurymen unconsciously biased by them before taking their seats in the jury box; and without undertaking to say (especially as I do not know) what influenced the jury in this case to render such a verdict, I will say for *myself* as an individual, that the only reasons I can find in the case, for any verdict adverse to defendant, even for a verdict of nominal damages, are two-fold:

"1. A technical statutory defect in the order of commitment; and

"2. Certain legal and, as I believe, erroneous doctrines inculcated by the court in the admission of evidence and in its charge to the jury.

"To explain what I mean by a technInal statutory defect in the order of commitment, it is necessary to say that the statute organizing the asylum and prescribing the mode of admitting patients divides those that may be admitted into three classes, viz.:

"1. Pauper insane who are admitted on the order of the county superintendents of the poor and at the expense of the county of which the pauper is a resident, and on a certificate of a physician that the pauper is insane:

"2. *Indigent insane* admitted on the certificate of the judge of probate for the county of which the insane person is a resident, made after an investigation by him to determine, on the evidence of two reputable physicians, the fact or the probable existence of the insanity, and, on other competent evidence, the further fact (manifestly the main purpose of his inquiry) that the estate of the insane person or of his responsible friends is not sufficient to defray the entire expense of his board and care in the asylum:

"3. *Private Insane* whose entire expense for board and care in the institution is defrayed from the estate or by the friends of the insane person, and who, by a by-law, of the Board of Trustees made pursuant to the statute, may be admitted to the asylum on the certificate of a reputable physician declaring the person insane and a bond obligating the payment of expenses given by two persons of certified responsibility.

"The statute in force in 1874, when the plaintiff in this case was admitted into the asylum, provided that the expense for the board of pauper and indigent patients should be charged to the counties at the same rate for both classes, but that private patients should pay $1.50 per week more than this uniform rate for those wholly or partly a county charge. This statutory difference in the expense of county and of private patients had developed throughout the state a practice which, though embarrassing to the institution, its officers were powerless to prevent. The practice was this: the friends of private patients abundantly able to defray their own expense, having first made an arrangement with the county superintendents by which the county should be fully reimbursed, permitted their relative to be sent to the asylum as a *pauper* and a nominal county charge, on the order of the superintendents of the poor, by which arrangement the county lost nothing, and the friends saved a dollar and a half a week. If the person so brought to the asylum, in *forma pauperis,* was, in the judgment of a reputable physician, an insane person, such an order from the county superintendents of the poor was, under the statute, conclusive as to the right to admit, and mandatory as to the amount to be charged for the board and care of the insane person so admitted.

"Mrs. Newcomer, the plaintiff in this case, had, it seems, property sufficient to maintain her as a private patient in the institution; but she was brought to the asylum by a superintendent of the poor for Calhoun County, as a pauper, her friends having guaranteed the county against expense on her account. Her removal to the institution was also asked by her mother, sister, daughter, and son-in-law, and her insanity was certified by a reputable physician; so that the law of the institution was complied with in case she should be entered as a *private* patient; but she was admitted, in fact, as a pauper, on the written order of the superintendent of the poor for Calhoun County; but this order was signed by only one superintendent, while the law requires the signature of two, or a majority of the superintendents for that county.

"It was personally but unofficially known to the medical superintendent of the asylum that *all three* of the superintendents for that county consented to and desired her admission as a nominal county charge; but, as before stated, the order for her admission was signed by one only, and by him after he had reached the asylum with his charge. The fact that the order was signed by one was held by the court to make the authority defective, and her confinement under it was also held to be *prima facie,* a wrongful detention of the plaintiff; and the confinement, being thus held to be unlawful, testimony was admitted in an effort to show damages for conspiracy, for false imprisonment, malpractice, and maltreatment by defendant or his agents.

"It will be observed that had she been presented and received, as a *private patient,* the evidence of her insanity, as well as the right to receive her as a patient, was, under the asylum rules, full and conclusive.

"It will be further observed that offered and received as she was, as a pauper patient, the *form* in which she was received determined nothing but the cost of her maintenance

"It will be observed, yet again, that no evidence was received or offered even tending to show bad faith, bad or improper conduct of any kind on the part of Dr. Van Deusen, but as the order admitting Mrs. Newcomer into the asylum was signed by one of the superintendents of the poor, the others consenting but not present to sign, we were left to conclude that the verdict of $6,000 damages against Dr. Van Deusen was based on technical and not on substantial grounds.

"On the questions relating to the ground and to the extent of damage in this case, I also venture to express, as an individual opinion, another thought:

"Assuming that her friends had the right to care for her in sickness and had the right to care for her at a hospital as well as at their home; and assuming further that restraint is an essential and necessary part of the medical treatment, whether given at home or in the hospital, Dr. Van Deusen was liable, if liable at all, not for false imprisonment as the medical superintendent of the asylum, but for malpractice as the responsible physician of the *hospital;* and if, in her treatment, he and his medical assistants had ordinary knowledge and skill in the treatment of insanity and used the necessary diligence in the application of it, he was not liable for *any* damage, especially as no damage was proved.

"If this view of the case be valid it makes the verdict a clear violation of all principles of justice.

UNFOUNDED SUSPICIONS

"I have no doubt that the injustice, so apparent in the verdict given in this case, grew largely out of the fact that 'there is a popular impression just now, that *sane* persons are not infrequently shut up in hospitals under pretense of *insanity* by their family or relatives, in order that they may be the better able to perpetrate some wrong,—the officers and authorities of the hospitals, of course, aiding and abetting in the measure.' One might suppose from the prevalence of this idea and the excitement caused by it, that a large part of the time and labors of asylum officers were expended in this nefarious business. On the practicability or possibility of a successful prosecution of such villainy, Dr. Ray, the distinguished author of the 'Jurisprudence of Insanity,' says: 'The idea that the confinement of the *sane* in hospitals for the *insane* is a common occurrence, implies only gross credulity and the profoundest ignorance respecting these institutions; for however much it might serve the purposes of the parties concerned, it would be fatal to the interests of the hospital.' A legislative inquiry into this matter, a few years ago, developed the fact that of 5,796 persons admitted into the Pennsylvania hospital for the insane, 'not one was sane.' Similar evidence was also obtained relative to the other asylums of the United States. The Earl of Shaftesbury, for many years president of the English lunacy commission, testified before Parliament, that 'the notion of improper admissions or detentions is essentially wrong.' The chief French officer in lunacy also says: 'I have never known a single instance of arbitrary sequestration.'

ASYLUM ABUSES ALMOST UNKNOWN

"But if such outrages are as frequent as popular thought and feeling seem to indicate, why are there no more cases to be found in the records of our courts? It would seem that the law books should be full of them. I invite the attention of all members of the legal profession, who do me honor by their presence, to the fact that, with access to several large law libraries, I have, for months, as I had leisure, searched the available common-law records of all the states in the Union and their references, and I find but four cases, all told, in which such alleged illegal coonfinement in an asylum was the basis of suit; and in *not a single instance,* even in these four cases, *has a medical officer of a hospital for the insane been found in the slightest degree culpable!* So far, therefore, as I have been able to find, the circuit court of Kalamazoo County in the State of Michigan, has the distinction of being the first court and the only court in the United States, to express, by a fine of $6,000 or any other amount, the popular indignation against medical officers of hospitals for the insane! This distinction, too, seems to have been achieved (as stated by the judge when refusing a new trial) 'without the imputation of any intentional wrong on the part of the defendant (Dr. Van Deusen) and none was claimed on the trial!' Such a result, under such circumstances, may not seem strange to our brethren of the legal profession, but to us simple-minded doctors, it is as puzzling as a case of mysterious death to a coroner's jury.

WHO IS DR. VAN DEUSEN?

"And who is the victim? Who is it that, 'without the imputation of any intentional wrong,' stands, to-day, before the American medical profession and the American people as the first and only victim of the popular vengeance against these asylum tyrants?

"While yet very young, he was found standing in the very front ranks of asylum experts in the East. He was nominated by your governor and confirmed by your senate as the medical superintendent of the Michigan Asylum for the Insane at Kalamazoo. He made the plans for the buildings, he supervised much of their construction, and in 1859 he put the institution in operation; and now, after twenty years of self-sacrificing, self-denying labor, without a suspicion of cruelty, without a taint of unworthy or unkind action upon his official skirts; proved to be pure in impulse, pure in thought, and pure in action; tender and sensitive as a woman in the presence of affliction, though cool and brave as a man in action; admirable as an organizer; brilliantly successful in administration; distinguished by his scientific attainments and his many virtues of head and heart; now, and above all else (in his retirement from labors that nearly cost his life), he is blessed, and with heart-felt blessings, by the thousands who have been restored through his agency to home, to friends, to usefulness, and to reason. Such is the man, such the physician, and such the state officer, and such the philanthropist who, having passed through the fiery furnace of twenty years of official life without so much as the 'smell of fire on his garments' and without intentional fault or the imputation of it, now becomes the first victim in this enlightened country of a vulgar prejudice against asylums, and of the misapplication of the grand doctrine—originally promulgated to *defend* and not to *punish* the good—the grand doctrine that 'no person shall be deprived of liberty unless by due process of law.'

DANGERS TO MEDICAL MEN

"Gentlemen of the State Medical Society: Is it not time we studied our legal relations to our insane patients? Is it not time that all of us who make affidavit to an indigent person's insanity before a judge of probate; all of us who certify to the insanity of a private patient; all of us who accompany a patient to an asylum; is it not time that we were informed whether by so doing we make ourselves liable to a suit and to damages for *conspiracy to imprison?* Is it not time that the relatives and friends of an insane person whom they place under asylum care and treatment were definitely informed of their liability to suits for *false imprisonment* and to suits for *conspiracy*? If the patient, whom they have cared for ever so kindly, should for any reason be set at liberty half cured, and be fully possessed (as they generally are) with the idea that he is sane and always has been sane and is the victim of injustice and outrage, the suit is liable to come, provided you or they have any estate to be plucked or plundered.

WHAT SHALL THE LAW BE?

"Is it too soon to appeal to the two great coördinate law powers of the state,—the powers that make and construe law,—to consider the effect that such a state of things will have on the welfare of the people and on two of the great humane institutions of the state? In the language of Chief Justice Cockburn of England, may we not ask them 'to consider these cases, not only with reference to the insane individuals committed to the care of medical men, but also with a view to their interests in another sense—taking care not to impair or neutralize the energy or usefulness of medical assistance, by exposing medical men, unjustly, to vexations and harassing actions?' While they remember the patient and others who must become patients, let them not forget society nor those who must care for the patient."[18]

Not long after hearing this address, the writer "enjoying" (to use a discountable expression) an extremely *private* practice, was so fortunate as to receive from Dr. Hurd, the newly appointed medical superintendent of the Eastern Michigan Asylum (now Pontiac State Hospital), the offer of an assistant physicianship. The erudite address of Dr. Pratt emphasizing the medical side, particularly the favorable prognosis from early treatment of the insane, was extremely influential in bringing about prompt acceptance, a step never since for a moment regretted; and so far as discoverable, apart from the lawyers, this writer is the only direct beneficiary of all this expensive litigation. Indirectly, of course, numerous (?) readers of this history will find improvement of their literary style a result of the masterful production.

The trial of the Newcomer case continued for two weeks, the testimony covered 12,000 folios and the total expense reached many thousands of dollars. After appeal from the original verdict "of $6,000 for the plaintiff" a new trial was ordered by the Supreme Court and "the charge and opinion of Judge Shipman in this case is spoken of as a model of judicial literature." He instructed the jury to render a decision of "no cause of action."

"Another important factor in the guidance of public opinion was the unblemished character and quiet and manly bearing of Dr. Van Deusen."[6]

"A noted malpractice case" was tried in Kalamazoo in 1884.[11]

Dr. N. M. Thomas had treated the daughter of one Beals for a fracture. Plaintiff claimed it "was only a dislocation at the elbow" and brought suit to recover damages. "The jury was an unusually intelligent one," the advocate often had them in tears and the sturdy old pioneer clergyman, Rev. ————, one of the jurors, "cried like a child." The court and crowd paid "breathless attention, and it seemed when he had finished there were no higher forensic honors in his profession for him to win." He won, of course. A notable array of witnesses gave testimony, among them Dr. Zina Pitcher, "the learned and erratic Dr. Lamborn" and President Brainard of Rush Medical College, Chicago.

Pity the plight of the plastic and perturbed parson dissolved in tears. Up with the impressive symbol of the "Law"—a "link." Someone—a fundamentalist, no doubt—likened the "Law" to "a golden link in the chain that binds the universe to the throne of God." If a golden one isn't available any other sort would answer.

Research in the court records of Kalamazoo County which Dr. Jackson inspired developed the following:

Dear Brother:

Concerning the matter of Beals *vs.* Thomas, will say that this case was started by the Plaintiff through his attorneys, Stuart and Miller, in the Fall of 1844. The Defendant appeared and defended the case by Clark and Balch, his attorneys.

The case was tried in June, 1845, and on June 17th the jury returned a verdict in favor of the plaintiff for $300.00. On August 9th following, the verdict was set aside by Judge Ransom and a new trial was ordered on payment of costs by the Plaintiff which were paid on September 4, 1845. Subsequently, and on June 8, 1846, an agreement to arbitrate was entered into between the parties. One of the arbitrators, namely, Z. Pitcher, was from Detroit, and the other one, D. Brainerd, was from Chicago.

This case appears in Docket 4, Page 186, of the Circuit Court Records for this County.

I am enclosing herewith on a separate sheet, copy of the report of the arbitrators, which is particularly interesting.

Very sincerely yours,
(Unsigned)

The undersigned to whom was submitted the matter in difference between John Beals and Nathan M. Thomas, having carefully examined the injured limb of Daphne Beals, and heard the testimony adduced in relation to the injury and its treatment, and the arguments of council [*sic*] in this cause; respectfully report to the Honorable Chief Justice of the State of Michigan presiding over the Circuit Court of Kalamazoo County,

That they agree in the opinion that the said injury was a dislocation of the upper end of the radius forwards, not detected at the time of the occurrence; and that the defendant is therefore liable to the imputation of Mal Practice from defective anatomical knowledge.

Taking into consideration that this dislocation is one of rare occurrence and has in several cases been found to be incapable of reduction, and that it was not in this instance attended by the usual distinguishing signs and was obscured by considerable swelling,

Considering further, that the study of Anatomy, essential to the proper treatment of such cases, is, by the laws of the State of Michigan, a penatentiary [*sic*] offence; together with the fact that the limb is still highly useful, and may, in our opinion, be essentially improved by judicious treatment, we award that the defendant in this case is not justly liable to any damages and that (if it belongs to the board to decide this question) we further award that each party shall pay his own costs.

Z. Pitcher
D. Brainerd.

Dated Kalamazoo, June 13, 1846.

Dr. Rush McNair of Kalamazoo in ringing words lays low the decomposed remains of that poor old legal fiction, "The Truth, the whole Truth and nothing but the Truth."[7] Would that they might be interred, decently or indecently, but to this end the coöperation of those of the "golden link" would be necessary and therefore impracticable. Courts will continue throughout time and, conjecturally, eternity to use the stultifying and common-sense disregarding formula.

Dr. McNair writes, "Before he begins his testimony the doctor, with right hand uplifted to heaven, and with the Creator of the Universe and all the world for witness, swears to tell 'the truth, the whole truth and nothing but the truth, so help me, God.'

"Sooner or later, having finished or been finished, the doctor steps down.

"He is willing to swear now that he tried to tell the truth, but is not so sure that what he uttered was the truth he tried to tell. And as for telling nothing but the truth, he is not sure but that he told anything but the truth.

And as for telling the whole truth, were it not to him so tragic, it would be to laugh.

"The plaintiff, nor the defendant, nor the court—the honorable judge presiding—nor the intelligent jury, asked for the whole truth.

"All that either of the contendents wanted were certain statements that would help to develop his theory of attack or defense."

Dr. McNair discusses "the pitfalls dug for and the blandishments intended to mislead and tangle the witness and the covert insults in cross examination." It is a luminous revelation of court procedure and withal a sorry spectacle, viewed in relation to the attainment of so-called "justice," a word defined in the prospectus of the recently constituted "federation" thereof as "rendering to every man his due."

Dr. McNair's article deserves high appreciation and a more lengthy transcription than it seems practicable to give in this history.

A Celebrated Case

"Assyria had its celebrated case in 1848, when not only the township, but the county, was much agitated over the stealing of the body of Joseph S. Blaisdell from the South Assyria cemetery and the subsequent sensational trial of persons charged with the robbery. Mr. Blaisdell died March 10, 1848, and two days after his burial his grave was found to have been opened and his body stolen. A prompt investigation led to the conclusion that certain medical men of Battle Creek and neighboring places were concerned in the affair, and Mr. Blaisdell's friends accordingly caused the arrest of three persons charged with having participated in the theft.

"The case came on for a preliminary examination before G. W. Knapp, a justice of the peace of Assyria, and so large was the attendance that he adjourned the case to the schoolhouse, and even that building failed to accommodate half the people who came to the trial. Judge Abner Pratt, of Marshall, appeared as attorney for the prosecution, and John Van Arnam for the defense. A host of witnesses was examined, and a remarkably sharp display of legal learning was vouchsafed to the spectators. After two days' proceedings the prosecution, having failed to make a case, retired from the field defeated. The prisoners were set free, and, although continued efforts were put forth in search of the true offenders and of the dead man's remains, nothing further was ever discovered."[5]

At the meeting of the State Medical Society in 1886, Dr. Flemming Carrow, later to be appointed professor of ophthalmology in the University of Michigan, read a paper on "Foreign Bodies in and Injuries to the Eyeball."

Concerning this paper Dr. Noyes remarked that with regard to injuries to the eye and resulting harm therefrom the paper so admirably described these and their management that "there appeared nothing more to be added." However, he mentioned a case of medico-legal interest showing the relation of ophthalmic to forensic medicine, occurring twenty years before which was, he believed, the first instance "of practical ophthalmoscopy in a court of law."

In discussing "Prophylaxis of Malpractice Suits," Dr. Mulheron arraigned the medical colleges that "exercise no discrimination in their selection of those on whom in two, or at most, three brief years, they confer their degree," and averred that in the present (1884) over-crowded condition of the profession there is "too much incentive to the . . . detraction of rivals."[9]

"The Prophylaxis of Suits for Malpractice" is featured time and again in *The Medical Age* of that year.

"The following from a newspaper report of a recent trial in this city is quite interesting." The physician in the case was Dr. William Brodie, president of the American Medical Association.

"Little Nellie Keevan had sued the Barnum Wire Works for being run over by one of the company's trucks. The doctor testified in behalf of the company, that the girl's injuries were very trifling, and that she would recover the use of the crushed foot.

" 'You may be mistaken, may you not?' asked the plaintiff's attorney.

" 'Possibly.'

" 'Doctors make mistakes, don't they?'

" 'Certainly, just like lawyers.'

" 'And sometimes try to cover them up, don't they?'

" 'Oh, no; the undertaker covers up doctors' mistakes.'

" 'Oh! Well, are doctors ever disappointed in their calculations?'

" 'Very seldom. The public are the ones that get disappointed in the calculations.'

"The lawyer was somewhat disconcerted by this repartee, but pulled himself together and went on another tack:

" 'You say this injury was a mere trifle, doctor. Then your bill will probably be a mere trifle; about $10?'

" 'Well, what kind of a doctor do you take me for anyway?'

" 'State what your bill will be for this trifle.'

" 'Oh, somewhere about $100.'

" 'Isn't that considerable for a trifle?'

" 'Well, it wouldn't be so much if I was going to charge the girl, but, you see, the company's going to pay, so it will be about $100.'

"The doctor's candor convulsed the judge, jury and spectators. Miss Keevan secured a verdict of $1,000 against the company."[9]

The Making of a Lawyer

A woman was indicted in Hillsdale, in 1842, for attempting to poison her husband who testified that she had given poison to him and that one grain of it was a fatal dose.

The only chemist within three hundred miles was summoned and taken to a bakery by a smart attorney—a "great criminal lawyer." Two grains of the poison were baked in a cake. The attorney ate it and afterward addressed the jury for three hours. He called their attention to the fact that he was not dead. "How did you account for your escape?" asked a reporter. "Oh," laughed the jolly Colonel, "at that time I was used to eating from six to seven grains of arsenic without feeling the worse for it."

This was the "making of . . . ."

Thus are lawyers made and thus is justice assured, we are told.

MALPRACTICE

At the meeting of the State Medical Society in 1887, the following resolution by the Kalamazoo Medical Society was offered through Dr. H. O. Hitchcock of Kalamazoo:

> RESOLVED, That it is inconsistent with the spirit of our code of ethics for a member of our profession acting as expert assistant to a lawyer, to work up a case of malpractice against an honorable and reputable member thereof, or voluntarily to give expert testimony against such member, who may have been defendant in such a suit.

Dr. Brodie of Detroit moved that the resolution be referred to the judicial council.

Dr. Hitchcock hoped the resolution would not go to a committee. "The Kalamazoo society desired an expression of opinion on this matter from the State Society at regular open session. It sometimes happened that an epidemic of malpractice suits sprung up and swept over some section of the country. Such an epidemic was now raging in Kalamazoo. As the result of a recent suit in that village three suits for malpractice were now pending in their county court. Great wrongs had been committed, and greater wrongs might follow; no one was safe; it was time that the society put its stamp on such practices."

The original motion, after debate, was sanctioned by the society and referred to the judicial council. This action followed an amendment by Dr. Jerome.

At the meeting in the following year the matter was again brought to the notice of the society by Dr. H. B. Shank of Lansing. He considered the subject extremely important and felt that "the frequency of malpractice suits that come up against our members, and the unholy direction that they seemed to take, and the proneness of jurors to decide against us that we [should] have some plan or pledge by which we may assist—stand by our brothers who are suffering in these persecutions." He "would like to see something of this kind, that when a member of this institution here is prosecuted for a malpractice suit that he be authorized in substance to report the fact to the president of our society, and that the president of our society shall call upon and direct our judicial council to enquire into the facts of the case, and if they are satisfied that our brother is not guilty of any malpractice or any professional wrong, that he be directed to assess upon every member of the society a certain sum of money to be pooled in for the defense of that suit and the fighting of it to the bitter end."[13]

Dr. Jerome said, "We have been subjects of grave suspicion of conspiracy against the rights of others. Now I apprehend, Mr. President, that if we form a conspiracy here to defraud some poor body that has had the misfortune to break his leg, and he has not had a better leg made for him than he had before, after the doctor had set it, we would be amenable to pretty heavy damages." He was evidently serious—although the allusion to the "better leg" was distinctly ironic—and advocated caution. He had been, he said, "several times chosen defendant."

Dr. Hitchcock with accustomed sagacity declared that "the greatest desideratum is to protect the honor of the profession. If a man is accused, don't have other physicians run to him† [*sic*] and say, 'Well, I don't know; they would not say so much about it without there was some truth in it. I guess he has been higher estimated than he ought to have been.'" "Let every man," he said, "stand up and not say a word derogatory, but say 'let the truth come, and let him stand on the truth just what it is.'" And then he continued, "When the doctors are called as witnesses, don't let them prevaricate." He alluded to a case where suit against him had been threatened, but after a heart-to-heart talk with the injured one, he had settled for two pennies, taking "a receipt in full for all damages," and the lawyer had to pay the costs. Dr. Hitchcock knew "that suit was brought by a doctor smelling around. Did you ever see a decayed piece of beef? Did you ever see it partly covered with earth? Look at it; see it wiggle; look at it sharply. There are some stink-bugs under there, wiggling and digging around under it. Now you go and get an injured hip; do you see it wiggle: look sharply, there are some stink-bugs of doctors around there wiggling."

Was this discussion the first skirmish in the later battle won for "Medical Defense"?

"The life history of Homer O. Hitchcock, of Kalamazoo, was closed December 7, 1888, and we mourn him today with a peculiar sorrow, inasmuch as he would have been in part our host, having been the one who at the last meeting of the society voiced the invitation given by the members of the association resident at Kalamazoo to meet with them this year. Dr. Hitchcock was born in Westminster West, Vermont, January 28, 1827. He was the youngest son of Mr. and Mrs. David Hitchcock, from whom he inherited not only a sturdy physical nature, but mental qualities of the highest order, and a moral character which enabled him, during the many trying experiences of a physician's life, to bear himself with an honesty of purpose and action which stamped him unequivocally as an upright, Christian gentleman as well as an honorable physician. Studious by nature, he availed himself of all possible opportunities to acquire a thorough English and classical education, and was graduated with honor from Dartmouth College in 1851, being chosen to deliver one of the orations. This honor and responsibility he accepted, undeterred by his unfortunate habit of stammering, and before a large audience successfully acquitted himself of his duty. This was but a type of his character. Whenever he conceived anything to be a duty, its performance was to him a necessity. There was apparently never a thought of shrinking, nor an attempt to persuade himself that he could avoid it. To do his duty was his creed and the groundwork of his life.

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†The accuser?

"Dr. Hitchcock early began the study of medicine under the direction of his brother, the late Dr. Alfred O. Hitchcock, of Fitchburg, Massachusetts, and subsequently became a pupil of Dr. Peaslee, of New York City, finally being graduated at the College of Physicians and Surgeons, New York, in 1855. But his conscientious and ambitious nature was not satisfied. He felt that for the responsibilities which he was taking upon himself he must have as thorough a preparation as possible. To this end he remained in New York, taking special instruction in various branches, particularly surgery, and finally entered Bellevue Hospital as a member of the resident surgical staff.

"In the fall of 1856, soon after leaving Bellevue, he was married to Miss Fidelia Wellman, of Cornish, New Hampshire, who was in every sense a companion till 1874, when she was removed by death, leaving two sons and one daughter. Some time later he married his second wife, Miss Kate B. Wilcox, of Orford, who, with their son, Edward H., still survives. Immediately after his first marriage, in 1856, he located in Kalamazoo, and with the exception of the few years that he spent in the army during the late war, his entire professional life has been passed here. His self-reliant and fearless character, his honesty and fairness, his unusual natural talents, cultivated as they were by the preparatory and college study and discipline, and finally crowned with such thorough professional preparation, of necessity at once brought him to the front rank, so that he not only rapidly acquired a large local business, but his advice was sought in counsel for miles around. He was a broad man, a man of unusual general culture, but also broad in his profession. He developed symmetrically, being a good diagnostician, an excellent practitioner, and above all a successful, bold and careful surgeon. He was a man of growth, keeping abreast of the profession, so that at the time when he was seized by his last illness, he was doing some of the best work of his life. He was a man who necessarily attracted attention by reason of his marked ability, so that he was constantly being called upon to fill public offices.

"He was an active and efficient member of the Board of Education and a trustee in Olivet College. He was elected a member of the American Medical Association in 1863, and was appointed delegate to the British Medical Association in 1886. He was chosen by the governor in 1873 to organize the State Board of Health, and remained a member of that body till 1880, being its president the first four years. He was elected a member of the State Medical Society in 1870, and at once took a great and active interest in it. This could not be otherwise, inasmuch as his was a nature that could not be passively content. He was ever seeking for knowledge and striving for intellectual and professional growth. That he was at once recognized as a leader among leaders was evidenced by his election to the presidency of the society in the year following his admission. He infused his own courage and vitality into the society, harmonized inharmonious elements and inspired all with a portion of his own professional ambition, so that the year of his presiding witnessed the largest and most successful meeting that the society had thus far enjoyed. Since that time he had been an interested and very constant attendant on its meetings, an active worker, and a valued counsellor, serving on committees with efficiency and faithfulness, taking part in the discussions, and performing whatever duty fell to his lot promptly and thoroughly. With always a friendly word to the younger men, a hearty greeting to his older comrades, and a kindly interest in all, he filled a place which few of us can ever hope to reach and which none of us need ever expect to pass.

"His life and death were the embodiment of the thought so well expressed by Bryant:

"So live that when thy summons come to join
The innumerable caravan which moves
To that mysterious realm where each shall take
His chamber in the silent halls of death,
Thou go, not like the quarry slave at night,
Scourged to his dungeon, but sustained and soothed
By an unfaltering trust, approach thy grave
Like one who wraps the drapery of his couch
About him and lies down to pleasant dreams."[13]

A suit for slander in Wayne County, reported in the *Peninsular Journal of Medicine,* February, 1856, resulted in the assessment of three hundred dollars damages against the defendant who, it was alleged, had charged that the plaintiff, passing under the name of Dr. Rudolph, had caused the death of a woman in childbirth. Comment of the editor upon this, made after review of the testimony, reveals "the difficulty, if not the absolute impossibility of so constituting a jury as to secure to a physician in his professional capacity a trial by his peers." As to the main figure in the case, the plaintiff "is one of those hybrids, extruded from the architypical [*sic*] standard of normal existences, which, without awaiting the period of natural development by the process of gestation, spring full grown into being, on the illicit conjunction of two bi-sexuous [*sic*] hermaphrodites, as hydropathy and homeopathy. The first known of him here was during the blighting influence of cholera, when he emerged from a wine and beer hall, a full length homeo-hydropath, making very good headway before a wet sheet, filled with a divine afflatus, from the spirit of old Hahnemann." "The defendant is an honorable member of the profession, admired for his intelligence, respected for his social amenity and esteemed by his medical associates for the frankness and uprightness of his deportment."[12]

It will scarcely be contended in view of this, that anti-saloon activities have not resulted in some good to the profession. No possibility of a similar emergence as that of Dr. Rudolph exists at the present time. Slinking out of a blind-pig or speak-easy would nowadays be no passport to prestige. The anti-alcohol propaganda of Dr. N. S. Davis contained in the same journal seems, therefore, timely, and the editor is in full agreement "with most of the conclusions."[12]

"Such have always been attorneys' tactics in court," wrote Dr. Samuel P. Duffield, in 1870, in "Medical Evidence." "Just in proportion as the testimony of the expert is of value, and has a bearing upon one or other side of the case, and becomes lucid and forceful evidence, will the cross-examination be severe, confusing and vexatious; and when all other means have been tried to overthrow him and failed, the gentlemanly (?) advocate will make some uncourteous remark or sarcastic insinuation."[7]

Under the frequently trying circumstances connected with medico-legal affairs it is a source of satisfaction to reprint the following letter to Honorable J. G. Sutherland, Circuit Judge of Saginaw County:

> Sir:
>
> We, the undersigned, physicians and surgeons of the Saginaws, believing that the legal relationship existing between members of our profession and their patrons are not sufficiently well understood to save parties, not only from medical, but also from *legal* empiricism, are of the opinion that the charge of the court to the jury in the recent case of Bernhard Hesse, Appellee *vs.* Charles Knippel, Appellant, if brought to the general notice, would serve a valuable purpose, not only in the prevention of vexatious and costly litigation, but also to preserve a better relation between patients and practitioners.
>
> (Signed) J. H. JEROME,
> GEORGE A. LATHROP,
> C. B. FRASER,
> D. S. HALL,
> BENJ. B. ROSS,
> L. W. BLISS.[4]

A WILL CASE

Experiences as respondent to one habeas corpus process, in testimony given as to questions of fact, or as expert in mental cases, have not been eminently satisfactory to the writer, or such as to call forth exalted appreciation of legal procedure in its relation to the administration of so-called "justice." Two noteworthy exceptions to this, however, deserve comment. Both occurred in "lower" courts—courts of equity are thus classed, I believe—and are of interest from more than one angle.

A very much demented patient was removed from a hospital in which he had been placed, mainly for custodial care and nursing attention, to his home. While there he made a will. His death occurring not long afterward, the will was contested by interested persons more or less remotely related. He was a bachelor and left no legitimate dependents.

Very reluctantly, with another physician also familiar with the case, and a resident of the hospital, I responded to a subpœna to give testimony as to the mental condition of the patient and presumable incompetency to make a will. Such testimony was given, disclosing the fact that he was regarded entirely dependent upon others as far as physical needs were concerned, that he was incapable of conversation, and that it was doubtful whether he understood simple interrogations. On the other hand, testimony was introduced to the effect that he understood the contents of the will and that its provisions were made in accordance with his wishes. That the latter statement was true is obvious, but that in his mental condition he could have expressed himself upon its provisions I gravely questioned then, and am still doubting.

Much to my satisfaction, notwithstanding that our medical testimony was completely disregarded, the will was sustained. This was just and fair. The bulk, if not all of the estate, was bequeathed to a sometime, and still devoted, mistress, and to a son by her of his begetting. This court-mill conducted by a judge famed for his common sense and flair for that which was reasonable and expedient, ground in this case with its usual efficiency.

Alleged Insanity

The second case, the outcome of which was in accordance with principles of justice and the public weal, also occurred in a probate court.

I was called to examine an alleged insane person whom I had known from boyhood and who, though living in another city, was sufficiently familiar with my career and the field of medical work in which I was engaged. I told her I had been asked to investigate her condition and acquaint myself with it. She was completely responsive, poured her delusional troubles into my ear and displayed to me the "evidences" (cutlery and other domestic implements which had been concealed as potentially dangerous) of persecution which she was undergoing.

I occupied the witness stand for hours—until the judge showed evidence of fatigue, and the stenographer made a gesture of impatience—and the cross-questioning droned on. Questions were answered concerning my name, birthplace, acquaintance with the young woman, preparation for the work in which I was engaged, and the degree of success therein, what I had accomplished or thought I had accomplished, my sinister designs upon the one whose mental condition was the subject of determination—all very cynical and punctuated by significent shrugs of the shoulders and glances about the court room, indicating self-appreciation and glowing enthusiasm over the prospect of eventually exterminating the chirping canary in the witness cage.

"You saw Miss ———? "Yes." "Examined her?" "Yes." "She told you all this?" "Yes." "How did she come to tell you?" "Through questioning, or voluntarily." "She didn't know you were a spy, did she?" "She knew me—we have been acquainted since boyhood and girlhood, and she knew the work I was doing." "But she didn't know you were a s—p—y" (Because of the combustibility of paper, the fire and contempt here implied should not be reduced to words, were this possible.) "Your definition of spy is evidently different from my own. I have never heard of a spy revealing his intentions in advance."

A grunt, a shrug, and the mill continued to grind. Questions and answers all more or less futile and then something like this:

"You run a sanitarium?" "Yes." "What kind of cases do you t—r—e—a—t?" Answered. "How much do you charge?" Answered. "How many patients are there?" "Usually about fifty." "Does any patient ever leave there?" "Our daily population changes constantly. We treat three times as many as the average in the course of a year." "What becomes of 'em?" "Some recover, some are improved, there is an occasional death, some remain for months or years." "You don't *cure* anybody? Do you?" "Some get well and not a few, in my opinion, owe recovery to hospital care." "But you don't *cure* anybody, do you?" "That's a word I do not use. It reminds me of hams and bacon."

Subsidence—and then a considerable wait while a devastating question is being formulated with the help of a homeopathic counselor. The lengthy, if not luminous, interrogation is shot forth. "Will the stenographer please repeat the question?" I timidly ask. He reads, and I shake my head. He repeats the reading at my plaintive request and then, "I can't answer."

"Why can't you answer?" is stormed out. "Because the question has no meaning whatever; no meaning to me and would have no meaning to any soul on earth who knew anything about the mind in health or disease."

Supper time near. Court adjourned. I was not recalled. The young woman was adjudged insane.

An Aborted Suit

A somewhat amusing case in which nobody got into court because of an arrested movement in that direction was this:

Ten menstrual months almost to a day from the time a returned patient was removed for a visit, she gave birth in a state hospital to a child. The patient's husband showed no disposition to coöperate in furnishing garments for the "little stranger" or to remove him to home's sacred precincts. It was no surprise, therefore, to hear from an attorney that he would visit the hospital on a certain day. I wired that I had an engagement out of town but would see him on the day following. He came.

The usher announced, "A gentleman has called and would like to see you." "Show him into the office," I replied. He entered, apparently disconcerted to see three members of the medical staff besides myself and two stenographers with notebooks and pencils—all for the moment unoccupied and attentive. I rose and cordially grasped his hand. "I would like to see you alone," he murmured. To this I replied, "These men are all in my confidence. It is quite as if we were alone. What is it you wish to talk about?"

"It's about the baby," he said. "Oh, yes, and what about the baby? Did you come to take him home?" "No, you see my client——." "Yes," I said, encouragingly, "proceed." "You see my client comes of a good family ——his people, his brother are excellent citizens." "Yes, go on." "You see my client's family are well-to-do people." "No doubt," I replied, "but what has that to do with the matter?" "My client is——" "Oh yes," I broke in, "a d—— scoundrel, isn't he? You will please inform him that clothes are needed for the baby and that the baby should be removed from the hospital at once."

The light dawned. He rose and essayed to leave, then turning back from the door, "Oh by the way, I owe you twenty-five cents for telegraphing." "Not at all," I suavely answered. "I wired for my own convenience, purely. The telegram was a legitimate hospital expense." "But I should like to pay it." "Oh, very well. The amount may be placed to the patient's 'personal expense' credit and used for baby clothes."

Those in the office resumed their wonted activities, tension was over and, in the language of a sometime patient, "the wintry wind blew cold, and fast, and pleasant, and agreeable, and soft and nice."

The Physician as a Witness

The attempt was made and very unjustly to place upon a hospital the responsibility for fractured ribs, the date of the injury being determined by the appearance of callus upon the ribs of one whose remains had been disinterred and subjected to post-mortem examination about two weeks following death.

A physician presided at an official inquiry made by a state board of which he was a member. Whatever motive may have animated him is not clear, but he pestered a witness called by the hospital in its defense—Dr. H. O. Walker—almost to the breaking point. The questions were subtle and manifestly unfair, and the examination was unnecessarily continued beyond the time of departure of a train which the interrogator knew Dr. Walker was anxious to board in order to keep an engagement at home.

The attitude of the questioner greatly annoyed and angered Dr. Frank W. Brown of Detroit, a pathologist, and, like Walker, called by the hospital to combat the "callus" theory. During a recess, the chairman and Frank met in a head-on collision. "What in ——— do you mean, Doctor ——— [name of the offender], by asking Walker all those stupid questions? Nobody could answer them. You couldn't answer them yourself. You know you couldn't. We're on to you ———; you'd better look out."

It is perhaps unnecessary to add that when Frank himself took the stand he was treated with distinguished consideration.

"W. J. Herdman read the following resolution upholding the management and the physicians of the Eastern Insane Asylum at Pontiac, for the purpose of restoring confidence in the minds of the laity, because of sensational accounts that have recently been published in the newspapers. It was carried by nearly a unanimous vote—H. C. Wyman alone voting no."[13] (Followed the resolutions.)

An Insane Criminal

The prosecuting attorney of one of the counties in northern Michigan requested the writer to investigate the condition of a prisoner charged with murder. There was a widespread feeling of indignation against him, and in case of trial, a change of venue or an extra jury panel would be inevitable, necessitating large expense. On a bitter cold morning in midwinter, I alighted from the train and was carried a mile or more in a cutter. After an inadequate breakfast at the local inn, the jail was visited and the prisoner examined. There was room for no doubt whatever that he was the victim of paretic dementia. Treatment at Traverse City State Hospital was advised and testimony given before the probate court. His death occurred at the hospital less than two years later, an event which was predicted probable.

Two days, practically, were needed for this errand. A modest bill of $50.00 was presented. An allowance of $5.00 and ten cents per mile for travelling expenses was made. The remainder of the bill was referred to the Board of Supervisors. Was it allowed? Your guess is correct.

Liberality of Boards of Supervisors

The circuit judge of Genesee County *ordered* another physician and myself to examine a boy charged with piling obstructions upon a railroad track. The duty was conscientiously performed. Visits were made to the parochial school at which he had been a pupil, and his teachers were interviewed, the parents and others were questioned, the jailers interrogated, the boy carefully examined. Hours during several days were consumed in this, and an elaborate, written report was submitted.

My bill for fifty dollars was allowed by the Board of Supervisors at ten dollars. On notice of this I wrote that I refused the pusillanimous compensation and directed that the amount be placed in the poor fund to purchase tobacco for the inmates of the County Infirmary who had found difficulty in obtaining this luxury. My request was respected.

At that time there was no appeal from the decision of the Board of Supervisors—a lamentably unjust provision rectified in the later revision of the constitution.

Habeas Corpus

I have had to appear in but one habeas corpus case. Here the *n*th degree in legal technicalities was reached by aspiring counsel.

When summoned, I was greatly surprised and sought at once the attorney initiating the process and laid my cards frankly on the table before him. I told him the patient had several times been adjudged insane, was under conservatorship in another state, that her case had been passed upon by the local probate court, that she had been for years, and continued to be, "very insane." When he questioned that opinion, as he immediately did, I said, among other things, "Do you think, even were I utterly self-seeking and sordid, that there is any inducement on earth, besides my sense of duty and obligation, which would influence me to keep in a crowded hospital a patient in the last stages of tuberculosis who, through the habit of expectorating, is a menace to the lives of others?" I thought this would be convincing, but it made no apparent impression.

The hearing was staged. I had always theretofore supposed that, responding to a writ of this sort, one was expected to reveal why the "body" was held, but this was not permitted.

The court order and certificates were read, and upon one of them hangs a microscopically tiny and preposterous technicality hereafter mentioned. The law governing the case reads in substance as follows:

> No person shall be admitted or held in any institution, public or private or in any hospital, home or retreat for the care and treatment of the insane except—[upon certain conditions specified]. The person shall have the right to be present in court unless it shall be made to appear to the court through the certificate of the superintendent of such institution that his appearance there would be improper and unsafe.

I was absent from home at the time of the probate hearing, but Dr. H. E. Clarke's certificate was tremendously strong. He recited several cogent and convincing reasons why her appearing in court would be "improper and unsafe," but did not use these words. (As a matter of fact, she refused to appear, and it probably would have been necessary to convey her there by force.)

Observe the above expression "made to appear to the court through the certificate of the superintendent." Obviously the certificate made it thus to appear. Evidence of this is plain in the granting of the order, but the judge hearing the habeas corpus case ruled that the certificate lacking the words "improper and unsafe" was invalid, and he released the patient from the hospital, which action was very much against the wish of her devoted nephew and conservator.

Immediately after the decision the judge said to me, "Now make a legal application to the court [probate] for her re-commitment." To this I replied, "My responsibility in the case ceases. They have made their bed and may lie on it. I wash my hands of the whole matter."

I failed to discover any reason for entering into possibly prolonged, annoying and expensive litigation to achieve something not desired.

The patient, removed to surroundings more than inferior to those of the hospital, died within two or three weeks.

Piddling technicalities and hair-splitting, discredit legal procedure and should be deposited in the garbage can. The intent of a law, though crude in construction, is, as a rule, plain enough and requires only fair-minded "interpretation." Statutes that are trifling, futile and contradictory should be repealed.

A Case of Suspected Poisoning

Concerning a case of suspected poisoning, the following is quoted from Dr. Vaughan's "Memories," Page 292:

> "During the months that elapsed before the second trial, Doctor Kedzie and I were busy in both the laboratory and the library. We wished to make a demonstration of the post-mortem imbibition of arsenic that would convince all. Dr. Kedzie tested the matter out on animals. I took a human body, dead only a few hours, and on this I carried out exactly the procedure claimed to have been practiced by Millard and his brother. Having first demonstrated that the body did not contain any arsenic, I suspended a teaspoonful of white arsenic in a teacupful of water and made the

injections into the mouth and rectum and buried the body and finally tested every organ in it. Arsenic was found in every tissue. These results were published and later were confirmed by Witthaus of New York, Rees of Philadelphia, the American editor of the latest edition of Taylor, and others in this country and abroad.

"Doctor Prescott watched the progress of my investigations and was as glad as I when the question, which we had interpreted differently through so many months, had been answered by scientific demonstration. During this prolonged controversy Doctor Prescott remained my respected master and I his beloved student. Our personal relations were never in the slightest degree disturbed. I have often wondered if I should have been as honest about it as he was had the final verdict been different. The second Millard trial was short. There was no difference among the experts, and it ended in acquittal. I am told that Millard still lives as a humble but law-abiding citizen. Whether he, aided by his brother, made an injection as they testified, I do not know. The question asked me on the witness-stand assumed that they did. My search among the old tomes in the library resulted in a real surprise—indeed quite a shock. I found that the post-mortem imbibition of arsenic had been recognized and taught by the great French toxicologist, Orfila, many years ago, and that it had been practically demonstrated by an Irishman, Kidd by name, some years later.

"This is not the only one of my scientific discoveries whose halo has been dissipated in a similar way, as I shall have occasion to relate elsewhere. How many recent discoveries in science have a like ancient prototype I will not attempt to estimate. That there is in the realm of knowledge 'nothing new under the sun' may be too broad a generalization, but that many facts have been discovered, lost and afterwards found, is certain, while the number of those lost and not yet found is uncertain."[1]

MURDER TRIALS

Quoting further from Dr. Vaughan's "Memories":

"I watched the faces about me, and I began to realize that my testimony which I had not considered of importance was deciding the fate of the accused. At this stage I allayed my fear and consoled myself by the thought that the cross-examination would relieve my direct testimony of the exaggerated significance being attached to it. The chief attorney for the defense had more than a local reputation as a criminal lawyer and to him I confidently looked for relief. It was with pleasure that I heard the prosecutor say: 'Take the witness.' To my horror I was asked a few irrelevant questions: then, 'That's all.' I sat rooted to the chair. The defense repeated, 'That's all.' The prosecutor said, 'That's all, Doctor.' Still I sat benumbed. The judge leaned forward and gently said, 'Doctor, do you understand that they are through with you?' Then my tongue was loosened and turning to the judge I said: 'Your Honor, may I make a statement before I leave the stand?' Then I told of the examination of thirty other samples of paints sold in that county. However, even this did not apparently interest the defense. The prosecutor was, I suppose, justly furious but had no more questions. Hughes was convicted, but served only a short time when he was pardoned. I do not know how much weight was given to my testimony by either judge or jury. Possibly it was not a determining factor in the verdict and that I magnified its effect. Had it been a civil case involving only property loss, I would have kept silent, leaving the lawyer to protect his client as is his duty, but in a murder case I could not do so. Whether my action lay within the legal limit allowed an expert witness I do not know. What the judge, a most esteemed personal friend, thought of it, I never learned. It certainly did not help Hughes in the verdict, though it may have done so in the pardon. This is not the only time when, as a witness, I have thrown a helping line to the other side, generally more adroitly; sometimes it has been eagerly seized, while in other instances it has been wholly disregarded or thrown back with a snarl."

"Several humorous incidents," writes Dr. Vaughan ("Memories," Page 287), "occurred at the trial" of Dr. Hall, of Holly, who was suspected of poisoning his wife:

"The chief counsel for the prosecution, Judge Baldwin, and I were warm friends and our contest in this case did not lessen our friendship. One day while we were lunching he remarked, 'I understand that you are to come on the witness stand this afternoon and I tell you now that I have a question that will leave you without a foot to stand on. I will tell you now what it is, since I know that there is but one answer to it. The body of this woman was found in a sitting posture in the barrel where it had been during the greater part of the time since her death. Admitting that the undertaker did wipe her chest, abdomen and limbs with a towel soaked in an arsenic fluid, how could traces of the poison get to the brain? How could arsenic violate the laws of gravity and go up instead of down? I am going to ask you if you can mention a substance which thus violates the law of gravity?' I replied: 'Langley is to precede me on the stand; knock him down with that question first and then I will take my turn.'

"I did not tell Langley of the misfortune which was to come to him. The kerosene lamps lighting the courtroom were burning and Langley was on the stand. I could see Judge Baldwin preparing to deal the blow. It came. Langley's quiet features were not perturbed as he promptly answered: 'Yes, the kerosene goes up the wick.' I did not have to answer the question, and Doctor Hall was acquitted. I entirely lost sight of Hall's guilt or innocence in the bigger question of the post-mortem imbibition of arsenic. If not guilty, Hall was certainly insane; he may have been both. It was known that he was a morphin addict and he died, a few years after his acquittal, in an insane asylum. However, the Hall case did not finally and fully settle the question of the post-mortem imbibition of arsenic."

Johnston B. Kennedy, M.D. (1858-1927), "son of Johnston and Annie (Little) Kennedy, was born near Brampton, Peel county, Ontario. Obtaining a substantial education in the public schools and the Brampton grammar school, Dr. Kennedy entered Ontario College of Pharmacy in 1876, from which he was graduated in 1879, and in that year opened a drug store at Brampton, the firm taking the name of Bannister & Kennedy. The business was continued until 1881 when Dr. Kennedy sold his interest and entered Trinity College, Toronto, where he studied three years. He removed to Boston, Massachusetts, remaining there a few months, and then came to Detroit, where he entered Detroit College of Medicine, completing his medical course and graduating in the spring of 1885. Soon after entering private practice Dr. Kennedy was appointed surgeon for the Michigan Peninsular Car Company, retaining that position ever since. In 1894 he was appointed county physician for a term of two years, performing excellent service and giving expert testimony in several celebrated murder trials; since that time he has frequently been called to give expert testimony in celebrated cases before the courts. Dr. Kennedy is medical director for the Preferred Accident Association of Detroit; medical representative for the Employers' Liability Assurance Corporation of London, England; director of the Home Building and Loan Association; director of the Brilliant City Brewing Company, of Findlay, Ohio; and president of the Wayne County Board of U. S. Pension Examining Surgeons. He is a member and past master of Corinthian Lodge, F. & A. M.; a member of Damascus Commandery, Knights Templar; and medical examiner for the A. O. U. W. June 3, 1885, he married Jessie Young of Vittoria, Ontario, and they have three children: Charles S., William Y. and Frederick U."[8]

UNUNITED FRACTURES

A paper on the "Legal Responsibility of Surgeons for Ununited Fractures" read at the meeting of the State Medical Society in 1882, is interesting as a study of the constitutional conditions probably contributory to the causation of non-union of fractures as well as the temperamental states of the ununited among the auditors of the incisive Dr. Foster Pratt, its author.

He stands not upon the order of plunging *in medias res.*

"Damages to the amount of $2,700, and heavy costs of trial, were recently given in one of our circuit courts, by the verdict of a jury, against a doctor who treated a fractured humerus which did not unite. Plaintiff's declaration charged, in substance, that the non-union was caused by the doctor's 'careless and negligent treatment.' He was not alleged to have been 'unqualified' as a surgeon, but 'careless and negligent.' The alleged malpractice consisted in the kind of dressing used by the doctor defendant, and in his general management of the case. These were pronounced, by Professor Maclean of the University, an expert witness in the case, to have been 'bad surgery,' 'meddlesome surgery," and measures that did not 'give a good chance for union.' Upon expert opinion, of this general character, given by Dr. Maclean and others, the verdict was based." — — — — —

"On May third, four months and thirteen days after the fracture, Burgert went to work in a paint shop at Three Rivers where he earned fair wages, for the work done, for three weeks. He used the brush with his right hand and carried his paint pot in the left. One morning, *about the last of May,* while lying in bed, he discovered that his injured arm was not straight—or, rather, that it would bend at the point of fracture.

"June second, five and a half months after the injury, Burgert presented himself at Ann Arbor, was examined by Professor Maclean and exhibited by him to the class. Dr. Maclean testified that he found the bones 'very freely movable at the seat of fracture' and that there 'did not seem to have been any attempt at union.' The operation of resection was performed on Burgert, in the usual way, by Dr. Maclean, the ends of the bone having been sawed off and the arm placed in a plaster cast. Burgert remained in the hospital at Ann Arbor, under Dr. Maclean's care, some four or five weeks, and when discharged *there was no bony union.*

"The testimony given by Dr. Maclean, on the trial, as to the condition of the ends of the fractured bones when he cut down on them, is highly significant and important. The ends of the bones, he says, 'were not very far apart,' 'they were smaller than they ought to have been' . . . 'there seemed to have been some absorption of the bone . . . *'each bone tapered to its end'* . . . and each end was covered with 'cartilage.' 'There was a small scar on the inside of the arm which looked as though the bone had stuck through some time or other.'

"It is true—fortunately for the doctor defendant—the verdict against him was set aside by the judge and a new trial was granted. His Honor, Judge Pealer, in his opinion setting aside the verdict of the jury, ably points out the deficiencies of plaintiff's evidence from a legal standpoint, and, with singular clearness, he also points out its deficiencies from the surgical standpoint. Without attempting to quote the entire opinion, passages from it will be found to be wholesome reading. He recapitulates certain facts as follows:

"'The freedom of plaintiff from all pain from the time defendant produced the extension and dressed the fracture on the second day until several weeks after defendant discharged the patient, . . . the fact that at the time the arm was bared, measured, and compared with the other, in the presence of others, the non-union was not discovered by the surgeon, patient, or friends, and that several weeks after the defendant quit treating plaintiff, the plaintiff was taken with pain at one time, and that of this he says, 'that he had no positive recollection of hurting it,' 'and the further fact, that he did not, until after this and after he had worked for some time in the manner stated by him, discover or learn that it was ununited.'

"'But,' he continues, 'the question to my mind in this cause is, was there sufficient evidence, in the case, to show that defendant's acts *caused* the non-union? And if so, were they acts for which defendant is chargeable? That the defendant was attentive and manifested great interest in the case, and kindness toward the plaintiff, there is no question. There was no negligence, in the general sense, claimed, and it is not alleged that he lacked qualification. His error, as alleged, if any, was one of judgment, it would seem.'

"'I believe it was admitted by plaintiff's witnesses [possibly Maclean can be claimed as an exception] that removing the dressings would do no harm if care was used and the arm carefully handled; and no one testifies to any want of care in removing or placing the dressings, or that any evil results followed, at any time, in consequence, such as pain, etc., and defendant testifies he did use care.'"

He goes into the literature of the condition and sums up by quoting Dr. Frank Hamilton: *"So often, indeed, does non-union occur after the most* *regular treatment, that we should be cautious in ever attributing this state of things to any fault of the surgeon.*"[13]

The paper was fully discussed by Dr. Whelan, Dr. Cox, Dr. Breakey, Dr. Bennett and Dr. Tupper, after which "Dr. Maclean said that he felt called upon to say something upon the subject. He said that he felt strange in standing before this society to defend himself against what perhaps might be regarded as the accusation of encouraging suits for malpractice, a thing that he never did, and as regarded the answers to the hypothetical question put to him in the case referred to in Dr. Pratt's paper, he answered, as he believed, correctly, according to the facts and as he was bound to answer. He said that he did not hold that surgeons should be held responsible for non-union of fractures, when properly treated, as there are various causes to prevent union aside from bad treatment. He knew nothing of the treatment of Burgert, but if treated as indicated in the hypothetical question he had to say that it was bad. He was not in when Dr. Pratt read his paper, and did not know as it made any accusation against him, but had heard before the paper was read that Dr. Pratt was going to 'vivisect' him.

"Dr. Pratt said that he had made no charges against Dr. Maclean.

"Dr. Hitchcock remarked in regard to the rather positive opinion quoted in Dr. Pratt's paper, as given by Professor Maclean, as to the cause of the non-union of the fracture in this case, that it would seem that such an opinion should have been given quite guardedly, and have been modified in view of the failure of Professor Maclean to secure union of the bone after a skillful resection and careful treatment by all the appliances of the hospital. He thought that the failure to secure union at Ann Arbor under the best of treatment should at least have raised the question as to the possibility of some constitutional defect in the man's organization, which might explain it, and also the possibility of there having existed the same defect in the man at the time of treatment for the original fracture. What might be a sufficient reason for the last failure might possibly have been such for the first failure; so that an opinion given as to the reason of the failure might and should have been so modified as to give the accused man the benefit of the doubt, and the 'pathy' of the accused man should not have forfeited the benefit of the doubt."[13]

The Professional Witness

Dr. J. G. R. Manwaring of Flint writes:

Dear Dr. Burr:

Your reminder came about five minutes ago. I promised to give you some notes on Dr. ————, a professional witness. If you can use any of them it will be all right.

Dr. ———— was in the habit of lecturing, turning directly to the jury and talking at length in answer to any question. Sometimes he would give a regular lecture in explanation and would bring in things very remotely related to his subject. He was impressive and it seemed to take well with the juries. The judge was an old chum (Judge Wisner), and when the judge would interrupt him and request that he confine himself directly to the question, he would assure his honor with a smile that that

> was exactly what he was doing, and go serenely on with his oration. It became so they seldom tried to stop him. It was said by some of the lawyers that he was a good man to make a case, so that if their client's position was weak, they were sure to employ him.
>
> I remember two or three bits of his testimony. At one time he was testifying regarding a knee injury and the word "ligaments" was used. The witness was asked to explain to the jury what ligaments were. The doctor turned to the jury and said about as follows:
>
> "I notice that most of you men are farmers or have been. You probably have all dressed hogs. Now you know after you cut the hog's throat you have to fix him so that you can hang him up. You cut the back of his leg just above the foot and you pull out some very strong cords under which you push a stick. Them's ligaments."
>
> No one questioned the statement. Of course, technically they were tendons and not ligaments at all.
>
> In another case an old man was injured in an elevator accident. He claimed that something hit against his abdomen and injured him so that he was unable to work afterwards. The doctor testified in that case at the first trial, that the blow had torn a hole in his large bowel near the spleen, and that the blood the man had occasionally passed in his stools came from this opening. When asked why the bowel contents did not leak out and give him peritonitis, he explained that it was fortunate that this injury was so near the spleen, for it had plugged the opening and no leakage occurred.
>
> At the next trial three years later he testified to the fact that further observation had convinced him that the man had a traumatic cancer of the colon, a frequent occurrence, and then he based his diagnosis on the history of injury and the history of passage of blood from the bowels. The man had brought to him and other physicians pieces of blood-stained toilet paper. The doctor further testified that he had examined the man carefully through a long tube introduced through the rectum into the colon and that he had used direct sunlight to illuminate the interior. He said that he had made the examination in his office which was located in his home. He also later testified that this office was on the north side of the house, and only had a north window. When asked how he could use direct sunlight in such a location, he insisted it was easily done, he had had no trouble at all, that the sun shone directly through this window.
>
> As a result of his testimony the man got one of the largest judgments ever given in our local court up to this time. The man is living yet, and that was some time before the war, and Dr. ——— is gone.
>
> There is a further interesting thing in this particular trial. The man was nearly seventy years old and twenty-eight years previously he had lost a leg in a railroad accident. He had diseased eyelids, with ectropia, and was a pitiful looking figure. He testified that he was unable to do any work, not even to carry a pail of water for his wife. They showed by the testimony of neighbors that he did carry water frequently from a well nearby, and that he had, notwithstanding his artificial leg, climbed a ladder and repaired the roof of his house. He had done other work also.
>
> On cross examination the opposing attorney mixed him up very badly and had the man contradicting himself and lying like a gentleman. His own attorney, who had much poorer eyesight than the man, saw no chance of straightening him out on re-examination, so he, instead, walked up to the witness chair and told the old man he must be terribly tired and he would help him to his seat, which he proceeded to do. That little plea for sympathy no doubt influenced the jury far more than the rough cross examination given him by the opposing counsel.

The accomplished surgeon, scholar, bibliophile, expert in acquaintance with the historic and recondite, in addition to highly technical skill with which the compiler has convincing personal acquaintance, has, as the above indicates, a subtle and saving sense of humor.

"We took occasion in our last," appears in a leader in the *Michigan Medical News,* "in referring to the Hayes-Maclean malpractice suit to express our satisfaction with the result—a disagreement of the jury. . . . The case has been flooded with an issue of the *Ann Arbor Register,* a secular journal in which the late case is reviewed and in which the experts called by the plaintiff are treated in a manner but poorly calculated to lead to amicable relations. . . . We cannot conceive what good was contemplated by the writer (whose ear-marks are unmistakable). . . . Failing to discover the *cui bono,* we are forced to the conclusion that the gratification of a personal feeling was the incentive."

The leader writer knows there are "among the gentleman's University colleagues those who deprecate with the full force of a well-bred nature these unseemly displays."

In a later leader, "the unseemly criticisms in which the University penny whistle and its secular ally have seen fit to indulge" are deeply deplored.[10]

Dr. J. L. Valade of Newport writes in "Studies on Anatomy," "Here is a sentence of death where the judge says that the guilty one shall be conducted from the prison to the place of execution and there shall be hanged by the neck until he is dead, and afterward the body shall be dissected and anatomized for the benefit of medical students."[3]

Jesse Pomeroy, recently (1928) released from prison after a "life" sentence, might have been useful to the students of '76 instead of an expense and liability on society for fifty-two years.

"He who is hanged is not corrected but others by him."—MONTAIGNE.

"The estimate placed upon human life is too low," writes Dr. Connor in 1882, and, "Again while it is admitted that Guiteau was in a sense insane, it by no means follows that he was not accountable and responsible for his acts. . . . It seems to us that the protection of society demands that Guiteau be hanged. . . . There are lots of persons as insane as Guiteau roaming our streets to whom the acquittal of Guiteau would be an encouragement to do as he has done."[3]

Yea, verily, wise words these, and worthy of their accomplished writer.

Dr. Mulheron wrote in 1885, "With the interests of society (which are paramount to speculative scientific deductions) in view, this question must be answered in the negative, and extreme wickedness and reckless depravity must not be held as evidence of such mental unsoundness as relieves the unfortunate individual from responsibility for his acts. Any other view favors the gross abuse of the plea of insanity."[9]

Wise words these, also, apropos the Garfield murder by Guiteau: "With but these two alternatives before him, viz., the extreme penalty of the law, or a life-imprisonment in a criminal lunatic asylum, we apprehend the person with murder in his thought would be less likely, than under the existing chances of escape, to destroy human life. . . . The feasibility of regulating the penalty by the degree of responsibility may be questioned, but undoubtedly the tendency of legislation and medico-legal thought should be in this direction."[10]

What a vain hope expressed by the *Michigan Medical News,* of which the erudite editor was Dr. J. J. Mulheron, "But great as the sacrifice has been, if the death of James A. Garfield shall prove to have resulted in the shattering of the plea of insanity, on which justice has so often of late years been cheated of its desserts, it will scarcely have been too costly."

"Shattering," indeed. Who wrote "Truth crushed to earth shall rise again," and "While *Error* wounded writhes in pain"? And wasn't he tangled as to the resurrected subject?

"There may be a time in the future," writes Dr. Mulheron concerning the alleged insanity of Guiteau, "when alienists will be able to draw the line between crime and insanity, but until that time comes, we shall advocate the belief that the individual who can discriminate between right and wrong, and who can deliberately plan a crime and prepare a way for escape from the penalty which attaches to it, should be held to strict legal accountability."[10]

Notwithstanding pseudo-philanthropic prattle and legal jugglery, that time has not arrived. Society, to be saved from fragmentation, must play safe with gory criminals and (theoretic) sadistic defectives. This is the deliberate opinion of the writer, a sometime so-called "psychiatrist."

Expert testimony has always had a hard time getting itself endorsed by the medical profession. This is as true of the 'eighties as of these degenerate—or "progressive," as you please—days. Mulheron's editorial on the subject reveals that "there are too few general practitioners with sufficient moral courage to say they 'don't know.' " He has "heard the recent graduate of a two-term school give *ex cathedra* opinions from the witness stand on the question of the sanity of a decedent which would have turned a Tuke or Maudsley green with envy."[10]

However, like his fellow men, the doctor is "human" and "as a general rule is entrapped into the anomalous position which he occupies on the stand as an expert."

Who entraps him? The attorney, who by a "delicate *morceau* of flattery prepares the way."

To intelligent readers like those to whom this history appeals, it is unnecessary to point the moral of the above.

Idealistic, but regrettably unattainable, is the necessity pointed out by Dr. Mulheron, "that there should be an entire absence of prejudice against either party in the suit."[10]

This occurs in an editorial review of an action brought "some weeks ago" against Professor Donald Maclean "to recover a fee for an operation" on the grounds that it had been "ill-advised," etc., etc.

It is highly probable that strict impartiality is never present among witnesses in any important matter. Nor can jurists escape a slant based upon momentary impressions of testimony, or previous acquaintance with one or other party to any suit at law. A near approach to sublime "justice" is the best attainable goal, and "neutrality" will in vain be looked for, during the progress of war, a law-suit, a neighborhood quarrel or a dog-fight, so long as susceptibility to impressions is lively. Judgments may shift from day to day in response to emotional reactions. These cannot be stilled, and, conscious of swaying therethrough, the dispenser of justice *may* bend over backwards in resistance.

The following letter addressed to a local roentgenologist was received by the Wayne County Medical Society:

December 27, 1928.

Gentlemen:

I am enclosing herewith my check for $10.00 to cover x-ray plates taken preliminary to a tonsilectomy on my son. These plates were ordered at the instance of Mrs. Cohen and myself, prior to the operation, because of our knowledge of the claim made by surgeons that when an anesthetic is administered to a subject having a persistent thymus gland, death is almost sure to follow.

The outstanding and favorite defense offered by doctors in cases of "Anesthetic Deaths" has been the mysterious thymus gland. The profession admits knowing very little about the thymus gland, what function it performs, when it atrophies. Yet it has always been the scapegoat in concealing some grievous mistake of judgment.

It therefore follows that if death is so sure to result from a persistent thymus gland when an anesthetic is administered, it certainly is negligence on the part of the surgeon who does not order x-rays in any case where there has been any history or suspicion of an abnormal thymus gland.

In view of the frequency with which the "Thymic Death" theory is used as a defense, it should no longer be permissible for the surgeon to hide behind it.

In questioning several surgeons why this precaution was not taken where there was any suspicion of a persistent thymus gland, the uniform answer has been that "most people would not stand for the extra $5.00 or $10.00 for plates."

This matter should be called to the attention of your profession through its local spokesman, the Wayne County Medical Association. If you have any hesitancy in doing so, or feel that it would be indelicate on your part, I would be very glad to do so.

I call this to your attention and to the attention of your profession as a matter of professional courtesy, and I am sure that if the foregoing suggestion is followed, that much good will result.

Yours very truly,
HARRY COHEN.

The answer:

December 28, 1928.

My Dear Mr. Cohen:

I beg to acknowledge receipt of copy of letter addressed to your roentgenologist discussing persistent thymus from a legal angle.

The information contained in your letter of course is not new. As a matter of fact, your statement that very little is known about the thymus covers the subject fairly well from a medical angle. As far as using the presence of a persistent thymus as an excuse for an anesthetic death, such a statement requires support by autopsy. Anesthetic deaths are comparatively rare from all causes and the profession is by no means agreed that persistent thymus necessarily must cause death during anesthesia. It is my impression that your opinion is biased by some misinformation and perhaps contact either directly or indirectly with a few cases, the nature of which you cite. You must remember that we usually have our defense worked up through our attorneys, yet such defense, though used, is not necessarily to be taken as the gospel truth.

This is an interesting subject, Mr. Cohen, and a debatable one and in no sense have I attempted to categorically deny the truth of your statements. We are most appreciative of the interest which has prompted you to write the letter and assure you that it will prompt a full exposition of

> the subject from its several angles in our Bulletin, a copy of which I hope to send you.
>
> I am,
>
> Most sincerely yours,
> E. G. MARTIN, *President,*
> Wayne County Medical Society.[2]

Question (by defendant's counsel): "If the leg of a healthy man in middle age should be bandaged not immoderately tight, and the bandage left on as long as in the case *hypothecated,*† what would be the probable effect on the limb?"

Answer: "The leg would swell, the bandage being left on would strangulate or impede the circulation."[3]

To the reader: Would you answer the question as did the witness? Would you answer it otherwise, or would you refer it to your banker?

Dr. Cox of Battle Creek in discussing "Our Relations to Jurisprudence" says, "Lawyers are always anxious to secure the services of medical witnesses, and their interests are antagonistical to ours. . . . Their influence would be abridged if the public had to pay the great number of medical experts they sometimes keep around the court, for if we had our just dues the courts would see that fewer experts were employed."[3]

"A medical witness is reported to have testified before a coroner's jury in a Michigan town, that in his opinion the deceased was not conscious of his death."[9]

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†Italics are the reviewer's.

Chapter III

Medical Defense

"Fear God and take your own part."
—ROOSEVELT.

CHAPTER III

Medical Defense

By Frank Burr Tibbals, M.D., Detroit, Michigan

ON A STORMY winter day about twenty-five years ago, I was called to see a former patient and found her critically ill. The history, symptoms and clinical evidence made the diagnosis unmistakable. She had a pelvic peritonitis, with an abscess pointing in the vaginal cul-de-sac, resultant from the rupture of a tubal pregnancy some weeks before. I sent her in to Harper Hospital, opened the cul-de-sac, and drained a large quantity of broken down blood and pus. The ruptured tube, with its ovary, floated down also, so I ligated at the base and removed them. She did well for a day or two, then developed a general peritonitis. When it became evident that she could not recover, I asked the hall superivisor to tell the husband that the outlook was bad. He at once sought the "Cup that Cheers" and reasoned that another doctor could save her, since I could not. He found one who came to see her for a day or two, without my knowledge, then got the husband to order her removal to Grace Hospital, where she died the next day. He then made an autopsy.

The only knowledge I had of all this, was regarding the removal of the patient from Harper Hospital. I was foolish enough to try to collect $100.00 for my services.

We had two jury trials in justice court, each lasting two days. All through both trials, Dr. "Wildcat" was present, coaching the opposing attorney. He testified that he had never diagnosed or treated a case of tubal pregnancy but had seen two operations, both through the abdomen; therefore, my treatment for the condition present was improper. He also testified that semen was a "liquid fluid." The jury disagreed the first time.

At the second trial, the jury unanimously answered "yes," in writing, to the three questions asked them by the judge: "Do you find Dr. Tibbals' diagnosis correct, his treatment proper and his fee reasonable?" and I had my verdict for $100.00 plus interest, though I never collected a nickel of it.

The next development was a malpractice suit for $25,000 against me in which I had to defend myself, although I had paid three premiums of $20.00 each to the insurance company. The Statute of Limitations was then three years, and the cause of action arose a few weeks before I took the insurance policy.

In preparing my defense, I sent a mutual friend to Dr. "Wildcat" to ask why he was fighting me, and learned that he was paying off a grudge because I cared for a patient who discharged him. My medical friend pointed out to him that he was not only fighting me, but the entire medical profession of Detroit, and thus depriving himself of all professional support should he himself be sued. This argument so impressed him that he sent word to me that he would testify for me at the trial.

The case was thrown out of court without trial on the principle of *res adjudicata,* for every Supreme Court which has passed on the matter has decided that a doctor cannot be tried *twice* for malpractice, and my jury trial against a defense of malpractice closed the matter.

Dear readers, you have now witnessed the conception of the Medico-Legal Committee of the Michigan State Medical Society, a real uterine implantation, however, which eventuated in a lusty offspring in which the accoucheur takes just pride.

It hurt me to write a check for the very reasonable fee of my attorney because I had thought myself insured against any such expense. It set me thinking that if one must carry an insurance policy over three years to be protected against suit by an adult, and for almost twenty-four years to be protected against suit for services rendered an infant, certainly some supplementary protection was needed. After talking the matter over with many Detroit physicians as I happened to meet them, we organized the Defense League of the Wayne County Medical Society, and one hundred of us paid in $5.00 each, the first year, one hundred and twenty-five of us the second year, one hundred and fifty the third year, with subsequent increase in numbers until we became financially so strong that during Dr. J. H. Carstens' presidency of the Wayne County Medical Society, we made it an integral part of the society with $1.50 paid the league from the annual dues of each member.

By this organization we accomplished two things: (1) We protected a man when he needed it, as often his insurance policy did not; (2) we made the profession individually interested in the menace of malpractice suits and in the defense of any doctor sued. The result was an awakened professional conscience plus a new-born self-interest which kept doctors from testifying against other doctors, hence made defense much easier. There were no successful suits during this period and when this organization was succeeded by a similar one, covering the entire state, we turned over to the Wayne County Medical Society nearly $2,000.00.

Our first attorney was Samuel T. Douglas, and his firm has continued to represent the State Medical Society. An experience of approximately twenty-five years in this kind of litigation makes them unusually competent and resourceful.

At the 1909 meeting of the State Medical Society, the House of Delegates considered and adopted a carefully drawn plan for making medical defense a part of the work of the society. Other state societies were already working in this field, notably New York and Illinois, and many other states have since taken up the work. The Michigan plan differed from all others in that it provided full defense for every member in good standing, placed the executive control in the hands of an executive board of five, with the chairman as executive officer drawing a small salary, this executive board being appointed by the Council and controlled by them rather than by the House of Delegates. The reason for this arrangement was that the Council is a semi-permanent board of directors not likely to be influenced by petty politics such as may sway an unstable changing body like the House of Delegates.

The rest of the Medico-Legal Committee consists of one member from each county society, annually elected by his society. This gives the Executive Board a representative in each constituent society who may be taught some of the fundamentals of medical defense and called upon to aid in ascertaining the facts and framing of defense of any member of his society in trouble. This feature has proved of great value and two men, Dr. J. A. McBride of Kent County and Dr. E. C. Taylor of Jackson County, have rendered invaluable aid since the inception of the work. The adopted plan was first made optional by counties, and a year later made obligatory, as each county society had voted for it. The only real opposition was in Jackson County, where a couple of young men got the idea that the profession might deprive the dear people of their inherent right to make trouble, by organizing to protect itself.

These agitators made much noise and, having access to one of the two Jackson papers, spread their ideas broadcast among the laity. Nevertheless the plan was adopted by Jackson County by a vote of about 25 to 1. It was a singular fact that the only suit defended in Jackson County during the first ten years was against one of the agitators. He had no hesitancy in asking our assistance, and we took much pleasure in demonstrating our indifference to the "rights of the dear people" by successfully defending him.

A much debated point at the beginning of our work was, who shall be entitled to defense? It was suggested that no man guilty of malpractice should be protected by the profession, hence he should first be tried by a committee of medical men and on their decision be defended or refused defense. Aside from the fact that in some communities it might in some cases have been difficult to obtain an impartial committee, the injustice lies in the fact that the condemnation would most certainly become known and deprive him of what rights he might otherwise have in court.

This point is well illustrated by a case in Northern Michigan. In this community there existed two rival medical and surgical camps. The king of one camp had the only X-ray machine in the community, and one Sunday he got his technician to open the office and ray the fractured hip of a stout woman. This picture proving unsatisfactory, she was rayed again the following day. Very extensive and severe burns resulted which apparently caused her death.

The technician told me that she did not protect the adjacent parts and that the exposure time was one-half hour the first day and somewhat longer the second day. I wrote the manufacturers of the X-ray machine, who replied that they could suggest no defense for such a gross misuse of their apparatus. I talked with Dr. Hickey and other local radiographers and none of them could suggest any possible defense. I then wrote the doctor that since neither the maker nor other users of his machine could see any defense for him, he would be wise to let his insurance company settle the case without trial. He replied that he "would be damned" if he would, that they "couldn't get a jury in that county to convict" him, and he proved to be right.

Although the Medico-Legal Committee took no part in the doctor's court defense, it materially aided his acquittal for I wrote the king of the other camp, who was councillor from that district, that an adverse verdict in an X-ray case would be a calamity to every man in the state using a machine, and here's what happened.

He and two of his friends had made the autopsy on this woman. They testified to the extensive burns, but when asked as to the cause of death, had no opinion whatsoever, inasmuch as none of them had seen her during life.

There being no proof that the burns caused death, a friendly jury brought in a verdict "no cause for action."

This is the one case in my twenty years as chairman of the Medico-Legal Committee which seems to have been *malpractice*. But let us analyze it. The doctor himself did not do this: it was his office girl. Doubtless he thought he had sufficiently instructed her in technic and dangers. Was he to blame for what she did on her own responsibility? Legally, yes, she was his agent, but morally—I have my doubts. The surgeon is legally responsible for the sponge count, the needle count, the instrument count, the hot-water bag applied by the nurse, the hypodermic given by her, and many other things which cannot occur under his personal observation. This is law, but not, I think, justice.

Hence, I am pleased at the outcome of the above case, both for the sake of the defendant and for the sake of the other X-ray men of the state. These men run some personal hazard for there have been many radiographers crippled by the rays—hence, it may be assumed that practically every man using the ray is familiar with the danger thereof, and uses due caution in protecting the patient. Nevertheless, burns occur not infrequently, due, I believe, to an idiosyncrasy of the patient.

The X-ray is too dangerous for a plaything, and no man should install it in his office until he has thoroughly learned its dangers and its careful technic. He who cannot show all safety precautions and a standard technic has trouble coming. The ray is so invaluable in the diagnosis of suspected fractures that it should be used in all injury cases where fracture is possible, and some day the Michigan Supreme Court is likely to make this obligatory. We passed up an opportunity this year [1929] to obtain such a ruling by refusing to appeal a verdict of $900.00 in a Colles' fracture, where the case went to the jury, solely on the testimony of two doctors that the defendant did not have an X-ray taken, hence was negligent. Was he? Well, these two doctors thought so.

Two other cases tried this year have involved the same thing. In one, no X-ray was taken for ten days, though suggested early. There was loss of function attributed to a ruptured annular ligament. If this is so, no X-ray would have shown it, nor any treatment corrected it. But the delay in X-ray diagnosis gave credence to the claim of negligence, and our attorney, Mr. Barbour, thought it wise to have the insurance company pay $750.00 and not let the case go to a jury.

The third case was of a large hematoma of the elbow, treated for ten days or so without a radiograph or immobilization. The doctor first wrote that he told the patient he could have an X-ray if he wanted to pay $10.00 for it. He later wrote that he had ordered an X-ray before the patient left him and that his office girl could prove it, but that she was in Arizona. "Get her," said I, "or you're stung." "I can't," said he. "We quarrelled." "Kiss and make up or you're stung," said I. A deposition from her at the trial triumphantly acquitted him.

The fact that we have defended three cases in one year, based on failure to have an X-ray taken, shows how frequent this alleged negligence must be; also the attitude of the layman regarding it. Years ago we could fall back on the law requiring each doctor to display the average degree of knowledge and skill prevailing in the community in which he lived. Then we could put the rest of the country doctors on to testify that an X-ray was not the custom in that community. One of our early cases involved just this point and had this way out if used. It occurred before we had adopted the policy of sending our attorney, Mr. Barbour, to every trial.

We had a country doctor to defend for a fracture of forearm treated without an X-ray with unsatisfactory anatomical result. An X-ray man from an adjacent city was present, showed his pictures and said that he thought any doctor negligent who did not have a radiograph in every fracture case. We had retained supposedly the best attorney in Western Michigan. He needed no legal advice or assistance, he said. He was so upset by the damaging testimony of the X-ray expert that he went after him "with hammer and tongs." "Do you mean to say," thundered he, and waving the splints used, "that this broken arm wasn't properly treated by these splints?" "If those are the splints," replied the expert, "they are too short." The balloon had gone up, and the Supreme Court refused to reverse the $3,000.00 verdict.

Had Mr. Barbour tried that case I am sure he would have treated the expert with entire courtesy, hurried him from the stand to catch an early train for home, then put on the other doctors of that vicinity to testify that "that was a fine line of 'bull' from a city expert, making a living from the X-ray—but it was not the custom in that county." Since then Mr. Barbour has tried every one of our state cases. He is learned in the law, tactful with witnesses, diplomatic in his contacts with the medical profession, and gentle with the knockout when he has his men groggy.

A doctor was sued seven years after a boy received fatal injuries in a fall from a cherry tree. He had driven 8 or 10 miles into the woods, given the boy some chloroform on a napkin, and reduced and splinted a fractured femur. Death some twelve hours later was clearly due to injury and not to chloroform. Nevertheless, the attorney for the plaintiff found two doctors willing to testify that the only proper way to administer chloroform was on an Esmarch mask.

The judge, jury, attorneys, witnesses and friendly doctors lived for some days at a little country hotel, and some of the doctors tipped Mr. Barbour off to the medical witnesses for the plaintiff.

The night before the day of their testimony he said to them, "If you fellows haven't got your money for what you are going to do tomorrow, better get it, for we are going to win and then you won't get paid." This seemed disinterested advice, and they took it, demanded their fee and got it.

After his testimony Mr. Barbour asked each one, "Are you getting paid for this?" and made each one show his check to the jury. A verdict of "no cause for action" soon followed.

These venal medical experts for the plaintiff have since become rather rare. An "all-wise Providence" has removed one or two who were once active around Saginaw, Bay City and the Thumb,† leaving a long felt want in the legal profession, and with their passing has come peace and contentment to the medical profession in that vicinity. I can forgive the doctor who honestly believes a case has been improperly treated, but have no respect for him who is influenced by a prospective fee to publicly condemn a coworker.

Without a medical expert for the plaintiff, no malpractice case can reach a jury. How clearly, then, is the solution of this menace in the hands of the medical profession. Any doctor can be subpenaed as a witness for the plaintiff on questions of fact, but there is no law to compel him to testify as an expert.

There are honest differences of opinion and a friendly witness is sometimes tricked into giving his opinion in a way that is damaging to the defendant doctor.

The viewpoint of the Medico-Legal Committee is that guilt in civil malpractice is a matter for the courts to decide, and that each defendant is innocent until legally proven guilty.

An unbiased medical consideration of all the circumstances and the facts generally leads to the conclusion that the defendant should not be held legally responsible for an untoward result. Let each man think over his own cases, in many of which he has not gotten the results he hoped for, but in few of which will he confess himself blameworthy, and he will be charitable in his attitude toward the alleged shortcomings of others. When all of us have made this thoughtful introspection there will be no medical expert witness for the plaintiff in Michigan malpractice suits. The expert from the home community is the one who impresses the jury far more than the man brought in from outside, although, when the outsider puts his conscience in cold storage before leaving home, he may prove damaging. Our hardest battle and greatest victory occurred in Allegan, first tried and lost, then retried and won finally:

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†See map of Michigan.

Two country doctors, father and son, were sued on the claim of improper treatment of a painful toe. Their story was that the patient had pain in one toe for a long time, persistent and severe. He decided that he must have a corn and got a neighbor to apply a corn plaster which left a raw sore. The pain continued, the ulcer did not heal. This was the condition when the father was consulted. He made various applications for some time without benefit, but the ulcer would not heal, the severe pain continued. So father called his son in and together they decided that amputating the toe would remove the ulcer and, with it, the pain. This was done, but the amputation wound would not heal, and the pain continued. They kept the wound clean and covered with dry, sterile dressings, but gradually more of the foot became involved. They had noticed that there was no arterial bleeding at the amputation but had no explanation for this fact. They thought they were dealing with some obscure infection, which, in spite of their best efforts, went from bad to worse. Finally the patient went to Chicago where an amputation at the middle of the thigh checked the degenerative process. When this report reached me I recognized the case as one due to obstructed blood supply, but did not succeed in impressing the real facts strongly enough upon Mr. Barbour and the medical witnesses to win against the infection theory of the plaintiff, and an adverse verdict of some thousands resulted. A new trial was secured on the plea of new facts. We, this time, had all the literature on endarteritis obliterans at our tongue's end, a deposition from Dr. Allen Kanavel, who, we had learned, had diagnosed the condition and made the amputation, and Dr. J. B. Kennedy and myself accompanied Mr. Barbour to the trial. After selection of the jury the plaintiff's attorneys secured a motion from the judge to exclude all witnesses, aimed of course at Dr. Kennedy and myself. So Mr. Barbour decided to have me coach him and Dr. Kennedy testify. Dr. Robinson of Allegan and Dr. W. T. Dodge of Big Rapids were also witnesses for the defense.

The plaintiff was unable to present any medical witnesses from Michigan but had two chaps present from the Windy City who ran true to form.

It soon developed that they had gotten to our new defense of endarteritis obliterans too late to read up on it. The old chap had been a whirlwind on the previous trial, had been in practice nearly a half century, treated 200,000 patients of all types, many similar to the plaintiff, and no patient had ever lost even a toe nail, let alone a leg, treated them all with hot, wet dressings, for the use of sterile, dry dressings was criminal negligence, and apparently his "hot air" went over with the jury.

On the second trial he was still the world's wonder, but knew nothing about endarteritis obliterans, didn't believe there was any "such animal," and generally helped us by admitting the rarity of the disease and the obscurity of the early symptoms. Ignorance, however, did not handicap the other fellow. He knew all about the subject, "had treated hundreds of cases and cured them all," and proceeded to describe arteriosclerosis. "But this case was one of infection, and should have been treated with hot, wet dressings," he said. It must have been evident even to a layman that these witnesses were not posted on the rare condition we were to picture and demonstrate to them. Dr. Kanavel's deposition stated that "the disease existed in this patient for weeks before he consulted Dr. Brunson, Senior, that no treatment given him could have prevented or even retarded the inevitable result, that after the amputation he examined the artery and found it occluded from the lower thigh nearly to the ankle," in all a very strong presentation of the entire subject as found in this patient.

The Drs. Brunson admitted frankly that they had never seen a case like this and thought it some obscure infection, but stood pat on their treatment being proper for infections.

Dr. Dodge testified that in a long surgical career he had never seen a case of endarteritis obliterans, until, during the World War, he encountered a case at Camp Sherman. None of the men who treated this case had ever seen anything like it, and repeated amputations were performed until the last one was above the obstruction.

Dr. Robinson described his one case and demonstrated the autopsy specimen which was a clearly seen occlusion of the internal iliac artery.

We held night school each evening, going over the testimony of the day and trying to anticipate the emergencies of the morrow. One evening Dr. Robinson was called away, returning shortly with the explanation that a stranger in town had dropped dead.

During most of the several days of this trial, Dr. Kennedy, excluded because a witness, had nothing to do but stroll about town and visit with those with whom he had become acquainted.

The morning after this sudden death, he met one of the local doctors who said he had just been asked to furnish a death certificate. Dr. Kennedy at once replied, "You can't do that without an autopsy. Set it for 1 p. m. and Dr. Tibbals and I will be there." The autopsy disclosed a beautiful specimen of occlusion of the coronary arteries, one in particular having a calcareous deposit against which a probe would strike with a loud click. Dr. Kennedy asked my opinion about presenting this example of endarteritis obliterans of the heart to the jury, and we decided, with Mr. Barbour's approval, to do so, first securing the written consent of the wife of the deceased.

In his testimony, Dr. Kennedy demonstrated this specimen as endarteritis obliterans of the blood vessels of the heart, causing the sudden death of the stranger the evening before, essentially the same condition which cost the plaintiff his leg.

The average juryman does not readily grasp medical terms or medical theories, but these jurymen understood what they could see, and knew that as the cutting off of blood from the heart muscle caused the death of the stranger, so the cutting off of blood from the plaintiff's leg caused its death.

I have never seen anything more dramatic than Dr. Kennedy's demonstration and explanation and the absorption of each juryman. A verdict of "no cause of action" was soon reached.

The plaintiff, however, appealed to the Supreme Court, and a retrial was ordered on the ground of error, mentioning also that showing specimens of the human body to the jury was outrageously illegal and improper.

At the retrial we presented Dr. Kanavel in person, whose testimony was conclusively convincing, and threw in for good measure a strong deposition from Dr. W. J. Mayo. The jury promptly acquitted the defendants, and the case was finished.

Mr. Barbour says that the deposition from the great Dr. Mayo is preserved in a special vault in the Allegan County Court House, probably in a fireproof box.

This case illustrates well the opposing viewpoint of the layman and the medical man.

The sole contention of the plaintiff was of an infection improperly treated, an erroneous hypothesis readily credible, as against the theory of an obscure disease of the arteries which the attending physician had never seen or heard of.

Thus the layman believes that non-union or resultant deformity in a fracture is evidence that the bone was not properly "set," that a burn from the X-ray is clear proof of negligence, and that *"post hoc ergo propter hoc"* (after, therefore because of) is always true. Hence the difficulty in defending many malpractice suits lies in the ignorance of court, attorneys, and jury of the medical viewpoint. It is by no means true that an unsatisfactory result in a fracture is the fault of the doctor, for many fractures cannot be maintained in anatomical reduction without open operation and no court will require the average doctor to subject his patient to the hazards of an operation until the usual treatment has first been tried.

This reminds me of a case tried in Oakland County. A doctor treated a fracture of the forearm with resultant good union, but some loss of pronation or supination. The patient tried to work the day after the cast was taken off, found difficulty in using his arm and went to another doctor who at once did an open operation with resultant non-union. Two subsequent operations failed to secure union. He then brought suit against the first doctor, but Mr. Barbour won the case.

I always thought he sued the wrong man. This has occurred in other cases.

A recent suit against the head of a department at the Ford Hospital resulted in a verdict of $10,000 by the judge. All this doctor had to do with the case was to consult with an assistant who performed the operation, non-consent for which was claimed, and the Statute of Limitations protects the second doctor.

The Statute of Limitations, formerly three years, was cut down to two years through my efforts at one session of the legislature, but in case of minors runs until two years past the age of 21. If members would wait until two years have passed before bringing suit for fees many annoying countersuits based on malpractice would be avoided.

If, however, a member then wins judgment for fees, he cannot subsequently be sued for malpractice in this case.

There is hope that the campaign of education, through the extension bureau of the University, and to a limited degree through the press may gradually teach the layman enough of medicine so that a jury in malpractice cases may have at least one or two members with the rudiments of medical knowledge.

The legal phrase "tried by a jury of his peers" is a joke so far as the doctor is concerned. No wonder that the attorneys for the defendant always fear the jury. The average medical witness, testifying, does not talk the same language as the jury, and often they fail to understand him or to believe him. They mean to be fair, but they can *see* that the beautiful woman weeps as she says her back aches ever since she had her tonsils out; a toxic arthritis means nothing to them, hence a verdict for the plaintiff.

One plaintiff was blind in one eye and got a piece of steel in the other. After all his fellow workmen failed to remove it, he went to an oculist. He testified that at the same time the doctor opened a small sty, and *instantly* he could feel the germs from the pus start digging in, and he lost the sight in his remaining eye. On such impossible stuff as that, coupled with sympathy for a man totally blind, jury after jury gave a large verdict until the defending insurance company finally gave up and settled.

Two of our women members have furnished the comedy. One sent a patient into the hospital to be curetted for dysmenorrhea, made a careful examination under anesthesia, and, suspecting pregnancy, sent the patient back to her room. She left the hospital believing her uterus emptied and later threatened to sue the doctor for not aborting her.

The second doctor confined a woman and, at the mother's request, circumcised the baby.

The father, however, waxed wroth at the mutilation of his son, refused to pay either for the boy or the improvement in his appearance, and threatened suit.

A most puzzling problem arose in Western Michigan with two doctors involved. The first reported that he started to circumcise a small boy, assisted only by the grandmother, who became very sick, hence of no assistance. So he made only a small slit in the foreskin, found dense adhesions, put a catgut suture in the wound and left the operation undone. Taken ill himself soon, a little time elapsed before he asked his friend the surgeon to complete the work.

The surgeon sent the child into his small hospital, found no glans penis present. It was impossible to believe that the first doctor cut it off without knowing it, or, having done so, could have escaped the subsequent knowledge of the fact by the mother. Nor could I believe that the trained surgeon could be responsible, hence must conclude that a phagedenic ulceration had caused the dense adhesions found by both men and destroyed the glans. We were prepared to defend along these lines when the case was settled for a small amount. All the local profession liked the first doctor but many disliked the surgeon and willingly assumed him guilty, with the result that a pitiless criticism drove him from the county society and later from the state. With his passing, the bird of peace seems now to be hovering over that community, and some years have now elapsed without a malpractice threat, while four or five occurred in the preceding five years.

This menace is active wherever the doctors are fighting each other, and there have been a number of black spots over the state which either no longer exist or are at present quiescent. I cannot hope to live long enough to see malpractice suits against the Michigan profession disappear. Only one of the basic factors, a *dissatified patient,* a *hungry lawyer,* and a *jealous doctor,* is within our control, and even though the jealous doctor entirely disappears as, in fact, he has almost entirely, the other factors remain.

The compensation law is believed responsible for a considerable increase in malpractice suits within the last decade, because it deprives the hungry lawyer of a previously prolific field, and being unable to sue the employer, he sues the doctor for any result not satisfactory to the injured employee.

Lest we think this menace a recent one, I might mention that the presidential address read before this society in 1881 by Dr. J. R. Thomas of Bay City was on "Civil Malpractice" in which he enumerates the same underlying causes, and criticises the unfairness of jury trials in medical questions. It was enough of a menace to the profession nearly fifty years ago to inspire a presidential address before this society.

The "old timers," some of whom were poorly trained, are about gone, and the educational standard of the Michigan profession was never as high as now. Hence, the question of incompetence is rarely raised in malpractice trials. Most plaintiffs claim *negligence,* which is doing something *improper* or leaving the proper thing undone. For example. leaving foreign bodies in wounds, imperfect reduction of fractures, failure to protect adjacent parts in using the X-ray or radium, or the failure to have suspected fractures X-rayed. The burden of proof of negligence is on the plaintiff and therein lies the reason why most malpractice suits fail. The plaintiff willingly assumes that his damage must be due to negligence, but the courts make him prove it.

Even sponge cases have been successfully defended in Michigan. Fortunately, the law relieves the surgeon of responsibility when he has operated in a hospital, using the hospital internes and nurses as assistants, for they are the agents of the hospital, not his agents. We are all too careless, especially surgeons, about securing the consent of patients, before witnesses, for anything we may find it necessary to do, and, in the case of minors, the written consent of parents or guardian. When we say we will do whatever we think necessary and can prove it, we are protected. A considerable number of these "non-consent" cases, which are legally *assault,* have been defended, two of them resulting in large verdicts.

Hospitals, incorporated as charitable institutions, not for individual profit or gain, are exempt from suit. Does this apply to the private hospital of which the Henry Ford Hospital may be taken as a conspicuous example? A recent suit involved this hospital and a member of the staff. The hospital suit was thrown out of court on the showing that Mr. Ford had met a deficit of $250,000 yearly since the institution opened. If this decision is upheld by the Supreme Court, it will please the owners of other private hospitals who have similar cases pending.

There have been a large number of suits in tonsil cases, none, however, successful, the alleged cause of action ranging all the way from loss of singing voice, postoperative bleeding, destruction of adjacent tissues, to a death from procain, the local anesthetic.

The last case made new law for Michigan. The patient, a strapping big boy brought in by his mother, was only 19 years old. His mother ordered a general anesthetic for him. The following morning he was waiting outside the operating room, his mother and the surgeon being on another floor, and ordered for himself local anesthesia. He died within five minutes. The assistant responsible never dreamed that the young fellow was not legally competent to decide for himself, since he was legally a minor. Judge Alfred J. Murphy tried this case and ruled that since the boy had reached the stature of manhood, he was competent at 19, to decide such matters for himself, and the Supreme Court endorsed his ruling.

Another Supreme Court decision of great importance to us is that governing "emergencies." This decision is that in an emergency the doctor is entitled to use his own best judgment regardless of the consent of the patient or parent.

It occurs to me that since other articles are to appear in "The Medical History of Michigan" I should find some way to terminate this one—and a good way seems to be to ask and answer "What have we accomplished in twenty years?"

1. Discouraged or successfully defended nearly all cases, totalling more than 500.

2. Accumulated a safe surplus in the medico-legal fund.
3. Taught some fundamentals of their liability to many men.
4. United the profession along the lines of "safety first," until adverse medical witnesses are hard to get.
5. Proven a most important factor in keeping down the costs of defense to insurance companies, and thus preventing the raise in rates which has occurred in some other states.

ADDENDA†

Following his introduction by Dr. F. C. Warnshuis at the County Society Secretaries Conference in Detroit in 1928, Dr. Frank Tibbals said, in part:

"Dr. Warnshuis tells me I have but five minutes, and that doesn't even get me started, so I am not going to talk about what I would ordinarily talk about if I had plenty of time to talk about it. I am going to come before you county secretaries with a personal request. The occasion for this request arose through my letter to Dr. Warnshuis a month or so ago asking him to send me the list of local members of the Medico-Legal Committee, one member of each constituent society, supposedly being elected annually.

"He replied to me that he had received the names of only about a dozen men, which means that either in 75 per cent of the county societies no man has been elected recently, or the secretary has been a bit remiss in not forwarding that name to the state secretary.

"I am quite anxious to have these representatives elected in each county society. I don't blame a lot of you secretaries for letting the matter go, if you are the men who are responsible for that, because in many of the county societies there has been absolutely nothing for these local representatives to do; in some counties in the state we have not had a suit. But in many of the counties these men have been exceedingly efficient aids to the chairman of the Medico-Legal Committee in getting at the facts in threatened suits and in preparing for the defense of the matter. It is my hope that I may be able to do a little more work along these lines myself by annually, at least, getting in touch with the local members of this committee.

"The secretary in each county society is really the man behind the gun. In many counties he might be the man to whom the malpractice suit or the threat of suit is first reported. That would depend somewhat upon how active your local member of the Medico-Legal Committee is and how well known and how popular he is.

"In Kent County, for instance, Dr. McBride has been a wheel-horse. He has been on this committee ever since this work was started."

The chairman of the Medico-Legal Committee, Dr. F. B. Tibbals, submitted the following as his annual report to the Michigan State Medical Society in 1928:

MEDICO-LEGAL COMMITTEE

Detroit, Mich., January 6, 1928.

To the Council, Michigan State Medical Society.

Gentlemen: The year 1927 has been uneventfully successful. Thirty-five suits, or threats, have been reported to this committee, which continues the percentage of slightly more than 1 per cent which has prevailed generally since this work began. The number of cases tried has been about as usual with two adverse verdicts for small amounts. In both cases, the X-rays constituted the cause of action. One plaintiff was slightly burned by a jump spark, perhaps through faulty technic, though the doctor claimed the patient moved. Suit was for $10,000.00 and the verdict for $150.00. The other case was based on failure to have an injured wrist X-rayed. It was necessary for the patient to travel some distance to an X-ray machine. Two doctors testified in this case that the patient should have been sent for an X-ray. Their testimony took the case to the jury, who gave a verdict of $1,500.00, covered by an insurance policy. We did not appeal this case, fearing a supreme court ruling, which would make it obligatory for every doctor to have every suspected fracture X-rayed. While most of us believe this to be true, a court ruling to that effect would make it difficult to defend the man who has not done it. We have other cases pending involving this same principle. Another case was settled during trial for a small amount, the insurance company paying the settlement. This settlement was made because Mr. Barbour anticipated an adverse verdict at trial because an X-ray of a Colles' fracture was not taken until ten days or more had elapsed. The doctor claimed the resultant disability to be due to a ruptured annular ligament, but evidently the X-ray picture showed an imperfect alignment.

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†Compiled by C. B. Burr, M.D., Flint, Michigan.

The general use of the X-ray machine, of radium and the ultra-violet ray, diathermy, etc., introduces a new menace to the men applying these measures. Several X-ray burn cases are pending. One alleged radium burn has recently been successfully defended, and one violet-ray burn, also, has been successfully defended. Other violet-ray burn cases have been reported to us. It certainly is incumbent upon the men doing this work to use such extreme care in their treatments that if burns result they may successfully present the alibi of an idiosyncrasy in the patient.

This committee recognizes that every doctor treats female patients and that in so doing he always runs the chance of being made the victim of some designing blackmailer. Two such cases have been reported during 1927. While such matters are not civil malpractice, we feel that the doctor, when adjudged innocent by his county society, should have the support of the profession.

To extend unlimited financial assistance would be impossible, but it is within the prerogative of the Council to determine what, if any, action this committee should take in such cases. Two cases of vesico-vaginal fistula are pending. Both these cases resulted from surgical procedures at the hands of members of the American College of Surgeons. We hope to successfully defend these as unavoidable accidents.

Respectfully submitted,
F. B. Tibbals, Chairman.
William J. Stapleton, Jr.
Angus McLean.
James D. Bruce.

"Frank Burr Tibbals, M.D., son of Henry E. and Mary B. (Burr) Tibbals, was born on a farm near Ann Arbor, Michigan, October 14, 1864, and a few years later removed to Monroe, Connecticut, where his boyhood was spent. He attended the public schools at Monroe, and later the Fairfield Academy, and the Hillhouse High School, at New Haven, Connecticut. He was graduated from the literary department of Yale College in 1888, with the degree of B.A., and took his degree of M.D. from the University of Michigan in 1891. In the same year he located in Detroit, where he has since practiced his profession continuously and successfully, associated with Dr. Donald Maclean, one of Michigan's most skillful surgeons. Dr. Tibbals is a member of the American Medical Association, Detroit Medical and Library Association, Detroit Gynecological Society, Wayne County Medical Society, Detroit Academy of Medicine, and Michigan State Medical Society, of which he has been one of the vice presidents. He is junior surgeon to Harper Hospital; assistant surgeon-in-chief of the Michigan Central Railroad Company; Detroit physician to the Actor's Fund of New York; and medical examiner for the American Union Life and United States Life Insurance Companies of New York, the Pacific Mutual of San Francisco, the Banker's Life Insurance Company of Iowa, and several fraternal organizations. Dr. Tibbals is a member of Palestine Lodge, No. 357, F. & A. M., King Cyrus Chapter No. 133, R. A. M., of the Fellowcraft Club of Detroit, and of the National Union. He was married in January, 1893, to Laura Adelaide West, daughter of James H. and Sophia (Griswold) West of New Haven, Connecticut, and they have two children, Helen Stanley, born August 27, 1897, and Margaret, born March 15, 1900."[2]

The sorry situation in which the profession found itself previous to the adoption of medical defense as a policy is admirably and convincingly shown in the presidential address of Dr. J. R. Thomas of Bay City to the Michigan State Medical Society in 1881, to which Dr. Tibbals has referred: Civil malpractice was the theme. He says:

"The code of ethics in the American Medical Association declares it to be 'derogatory to the dignity of the profession to resort to public advertisements or private cards or handbills, inviting the attention of persons afflicted with particular diseases; publicly offering advice and medicine to the poor gratis; or promising radical cures or operations in the daily prints, or to suffer such publications to be made; or to invite laymen to be present at operations; or to boast of cures or remedies; to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician. Equally derogatory to professional character is it for any physician to hold a patent for any surgical instrument or medicine, or to dispense a secret nostrum, whether it be the composition or exclusive property of himself or others; for if such nostrum be of real efficacy, any concealment regarding it is inconsistent with professional liberality; and if mystery alone gives it value and importance, such craft implies either disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret nostrums, or in any way to promote the use of them.' By the same authority physicians are bound to exercise a scrupulous regard for the rights and reputation of other physicians; and general rules are established for the regulation of professional intercourse among members of the profession.

"Medical malpractice has been classified under various heads—ethical, criminal and civil. Civil malpractice is that in which the duties pertaining to the healing art have been inadequately or improperly performed.

"Ethical malpractice is that in which the rules which have been established for the regulation of professional intercourse and professional conduct have been violated.

"In nearly all the states, medical societies are merely voluntary associations, without the shield or even the shadow of law. In some of the states a feeble attempt has been made to protect the profession and society by requiring those who are to engage in practice to belong to local societies. But little good has yet come from it, nor are we to look for any from that kind of legislation. Michigan has no law looking to the welfare of the profession; and if the future is to be judged by the past, never will have. There being no legal penalty for the punishment of the quack, there remains only the moral force of the profession and an enlightened society to sustain us in right doing. As members of an honorable profession, let us in the future, as in the past, maintain that high standard for professional and personal conduct.

"Of criminal malpractice I have nothing to say, it having recently been so eloquently and ably discussed by one of my predecessors. It is civil malpractice—that hydra-headed monster, that I propose to deal with. Thirty years of experience have taught me that the medical man need not look for a life of ease. The sordid and selfish will find but little in the performance of the duties of a physician that will be agreeable. To perform these duties properly requires mental and moral training of a high order. Benevolence and generosity should be one of the chief attributes of a member of our profession. The indolent and lazy will find it a field requiring too much effort; the trickster and knave can find no pleasure in a vocation that calls into action all that is noble, generous and just: and yet the fact is patent to all that such characters often undertake the performance of the duties pertaining to a learned profession; and the result of these misdirected efforts has originated the subject of which I treat today, viz.; civil malpractice. To me there is no word in the English language more expressive.

"That some of its members may perform its difficult and intricate duties, society requires that they shall prepare themselves by a special course of training, study and research. To best promote the mental, moral and physical well-being of mankind, it is requisite that the mind shall be thoroughly disciplined so as to enable it to bring into requisition all that is necessary to relieve suffering and to prolong life. To do all this requires mental endowments of no mean or low order. The selfish and miserly man will find little or nothing that will gratify his greediness and love of gain; he will find no Eldorado to reward him. On the contrary, the true physician is known the world over for his benevolence, generosity, and heart-quickening and soul-inspiring deeds. Whoever undertakes to perform the duties of a medical practitioner, assumes responsibilities and obligations of the very highest importance. The interests entrusted to his care are nothing less than life and health, and the responsibility of whoever assumes the care of these is correspondingly great. The physician meets his fellow being on the very threshold of his existence and gives him safe conduct into the world; watches over him in infancy; protects him, so far as human agency can, against the multiplicity of physical ills that beset his pathway in childhood and mature age; and in the decline and even to the end of life does not forget or forsake him, being entrusted to whatever pertains to life, health and physical well-being.

"To properly prepare for such difficult and important duties necessitates a long course of special mental training, and long years of patient industry. Happily for us all, Michigan medical schools require a preliminary examination, thus debarring those who are disqualified by want of intellect or training from practicing the healing art at the very threshold. This is a step in the right direction and is heartily endorsed by the fraternity as well as by all right-minded men. The dissecting room, hospital and laboratory are indispensable in making a physician. Michigan, so widely and favorably known for its schools and colleges and for its high standard of education, has wholly neglected to protect itself against the evils which result from ignorance and unskillfulness in the practice of medicine. It places no restraint upon anyone who may choose to call himself a "Doctor," and practice accordingly. The most ignorant or depraved man or woman can, and frequently does, assume to exercise all the functions of the medical practitioner; and to the everlasting shame of the state, receives the same recognition and the same protection in law as the most learned and the most worthy. All alike may undertake to practice medicine and surgery, and society undertakes to protect itself against the consequences of malpractice by holding each alike responsible for mistakes, for negligence and for injurious consequences.

"This is wrong in principle and impolitic in practice, as can be easily and readily shown. I do not ask immunity for the medical practitioner from the consequences of his bad and ignorant acts; and while I think he is no better than other men, I shall not admit that he is any worse; the same principles of justice which regulate the responsibilities, liabilities and duties of individuals in other avocations and professons may and should be applied to him. If he wantonly injures, or is negligent to those entrusted to his care,—if he undertakes to perform the delicate duties which pertain to our profession without due preparation, and fails to bring into requisition all available knowledge and skill, he should, and I wish I could say, he must, be held accountable for the results. Wisdom and the plain principles of right and justice prompt me to go even farther than this, and say that the ignorant, immoral and unfaithful should, by law, be prevented and restrained from engaging in the practice of medicine, even though they may perchance have a "Buchanan" diploma. It certainly would afford society some effectual protection if such persons were prohibited from engaging in an occupation in which they can only blunder, and in which their only stock in trade consists of ignorance and conceit. But some will ask, what is to be gained by the punishment of such offenders? I answer, nothing, except to deter others like himself from engaging in the practice of medicine or surgery from the commission of crime. Little is to be gained by the punishment of an ignorant practitioner for the destruction of life, or the loss or ruin of a limb, only so far as it may restrain him or others like him from a repetition of similar acts with like results. If there was a law preventing or restraining him from even undertaking to act in the capacity of a physician, the result would be to save him from the commission of crime and his dupes from consequent evil. It is apparent to all how much better he might serve his God, his country, and his fellow man, by engaging in some honest manual labor for which he is qualified and fitted, leaving the healing art for those who have qualifications, fitness and aptness for the performance of its arduous and intricate duties.

"The duties of a practitioner of medicine and surgery require intellect and learning for their successful performance. All medical men feel, or should feel, that they are under great moral and personal responsibilities; that their labor is worth more to society than that of the day laborer, and should be better remunerated. Under our laws, if laws they may be called, ignorance sells for more than knowledge, and often discounts it. The ignorant man who never spent an hour in fitting himself for the work he undertakes, receives under the law the same compensation as the educated. This is very unjust. After spending so much time to master his profession, to say nothing of the expense he has been to in procuring the knowledge necessary for the discharge of the duties thereof, the educated and competent physician should receive protection and better treatment. He is subjected to such an unequal competition that too often he is compelled to accept small and inadequate rewards for his services, much less, frequently, than his necessities require. It is not just to the public, for it enables the pretender to fleece his dupes and to compel them to pay for that which he does not possess. He receives pay for learning and skill, and has neither. It is impolitic, because it destroys many of the incentives to professional excellence, as man will not put forth his best efforts in this or any other department of life without the ordinary motives and incentives. It substitutes falsehood for truth, ignorance for wisdom, bombast for skill, and inflicts injury where kindness and charity are required. It tends to demoralize society, and fosters deception and fraud.

"There are no such green pastures to be found except in the medical profession. The pretender instinctively turns to it, for in no other calling can he put forth his efforts with so much advantage to himself and injury to others. The law holds him theoretically responsible for the consequences of his acts, and to all intents and purposes he enjoys complete immunity from punishment. There are exceptions, however, to all rules. A famous Dr. Walters, living in central New York, a noted botanic or rutabaga doctor, told fortunes, etc., etc. A wealthy lady was placed in his care by her husband for treatment, the doctor being so kind as to let her board in his family. After trying various remedies, all alike failing, he discovered she was bewitched. There was but one way, he gravely informed her, that the witches could be cast out; she submitted, but told her husband who objected to the treatment and sued for damages; and the learned doctor was assessed $1,000, which he paid. But, as the story goes, that husband forever after discouraged the casting out of witches.

"I have known many suits brought against respectable and honorable members of the medical profession for alleged malpractice. The penalties which pertain to such actions are invariably borne by the better class of physicians, and especially is this the case, if by privations, hardships and fruguality, they may have laid aside something to support themselves and families in their declining years. It has often been said, and most truthfully, that it is a favorite mode of paupers and charity patients for cancelling their obligations for medical and surgical attendance. I have often been threatened with such suits, and have no doubt but most of the members of this honorable body have had a similar experience. I am happy to say, however, that I have thus far been saved the honors of defending any such suit; with me the threats have always ended in smoke.

"A distinguished member of the legal profession said to me in all candor: 'I have no luck in suits against medical men since Doctor ———— died. Formerly I had good luck; all I had to do was to indicate to him what I wished to prove, and the testimony was given and no questions asked.' I fear that there is too much testimony in the market,—too much swearing by rule or 'at a mark',—for the honor and good name of the profession. These suits are generally instituted by paupers and those who seek to live by the sweat of their neighbors' faces. They seek and always receive aid and succor from the disreputable members of our own calling. Our profession enjoys almost a monopoly of unworthy, unprincipled and incompetent members (law being the exception). The representatives of the two latter classes are the real authors of all our ills.

"A distinguished jurist not long since said to me, while speaking on this subject of malpractice: 'Your profession is responsible for all you complain of, for,' said he, 'we cannot convict without expert evidence, and we go to your own profession for it.' I am sorry to say I had to admit the truth of the charge, as all are aware that it is next to impossible to get a genuine unwashed quack on the stand, and when once he is cornered his testimony does no harm, as it is but the work of a moment to pick him to pieces and expose his ignorance. One of the latter class was brought forward to testify in a case of arsenic poisoning. He testified that arsenic was a vegetable—grew in Germany on a small shrub—and he had often seen it growing! He was ordered by the judge to stand aside, and he did. The judge knew the difference between catnip and cobalt.

"The quack, detested by the profession and by all honorable men, is a parasite and is unrecognized by those he seeks to imitate. Conscious of his inferiority, instead of trying to elevate himself, he attempts to drag others down; ever on the alert and never found napping, he is jealous of the reputation of others whom he cannot rival. He is cunning and crafty enough to sow discord among unfortunate sufferers, dissatisfied, as he always is, with the results of labor which he could not himself perform, or even dare to undertake. Thus, too often the seeds of dissatisfaction or distrust are sown among those who have been the subjects and recipients of surgical and medical treatment. How easy it is for such a fiend, with his cunning ways and oily tongue, to make many believe that they have been subjected to some great wrong; that the broken and mangled limb might have been in much better condition, his enfeebled health restored, had the skill and wisdom of the knave himself been put in operation at the proper time; when the plain facts are, his limb has only been saved from being amputated by almost superhuman efforts, and by great skill the patient has been snatched from death's door. With an assumed air of knowledge and wisdom, the boastful pretender exclaims: 'Too late! Too late, to afford you relief.' Seeing his opportunity to carry on his nefarious trade, he says 'sue for malpractice.' The patient's countenance brightens, a new idea has struck him. Though the limb is much better than any reasonable man could have expected, yet it is not better than the uninjured one. 'I will cancel my obligations to the M.D.,' he says, 'by commencing such a suit at once.'

"I call to mind a case of this kind where the patient sought the advice of the lamented Prof. James Webster. One day he came into the amphitheatre of the college accompanied by a large burly Irishman. Professor Webster said to his class, 'an artificial joint of the humerus.' Turning to the patient he said, 'What did you come here for?' Answer, 'To see if I could do something with the doctor that set my arm.' 'You have come to a poor place,' he gruffly said, 'for any comfort.' And seizing the arm, he rubbed the ends briskly and powerfully together making the Paddy roar with pain, saying at the same time, 'Take that.' He left immediately, and I never heard anything more about his suit for malpractice.

"I never had an enemy so mean that I could wish him prosecuted for malpractice, however much he might deserve it. I have generally refused to look at patients' limbs where they sought to bring suits; and many have talked long and persisted in my making the wished-for examination.. I never have given testimony in such a case, though often subpenaed. Before, or at the trial, the attorneys have always and invariably concluded that they did not need me. The risk is not always on the part of the patient. It is not always true that the purse likely to be depleted, and the only life liable to be sacrificed is that of the sick man. Although the meritorious claims of the medical and surgical practitioner have been recognized and an honorable and social status awarded him, yet even at the present day his mind is not at rest. The advancement and refinement of ideas have begotten deeper anxieties, and a greater feeling of responsibility. So jealously does the law guard the lives and purses of the people that every time the physician 'writes a prescription or the surgeon makes an incision, he takes his purse, his liberty, or perchance his life in his hand.'

"Springal tells us that in Germany, in the middle ages, no artisan would employ a young man as an apprentice without a certificate that he was born in marriage, of honest parents, and came of a family in which were found no barbers, bathers and 'skinners,' as surgeons were called. Truly it might be said this was visiting the sins of the father on the son with a vengeance. Happily in these times things are changed. The physician and his family are admitted to society and constitute one of its most important factors There is no discrimination for or against them.

"The manner and mode of getting up this persecution is familiar to you. Certain members of our calling have their counterpart in the legal profession, and a class of lawyers without respect or honor at home or abroad are anxious to engage in any meanness or rascality. They will prosecute for a percentage of the stolen booty; and if the evidence is not strong enough to convict, they have a happy faculty of manufacturing such as is required, to order. Such a one always exerts his influence for his client, and in the end, if fortunate enough to obtain a judgment and to realize on it, he takes the lion's share.

"No person appreciates the vocation, calling and character of the legal profession more than myself. Like our own, it calls into exercise the highest faculties of man. Its members should be wise in council, courteous, gentlemanly and refined in deportment. Modern times and the exigencies of modern rascality have brought into being the barnacles which cling to the legal profession and bring to it a just and deserved reproach. It is painfully evident to the most casual observer that there is a class of men who have been admitted to the practice of law who are destitute of the character and attainments which alone should secure admission—men without learning, culture or character, wholly void of all decency, and loafers of the lowest type. They are proficient in the vocabulary of slang and vile epithets,—full of tricks and dodges, and useful only in the evasion and perversion of all that is just and honorable. Equally ready to defend the cold-blooded murderer, or to hunt down the most innocent defendant. It has most truthfully been said of this class, no matter who the client nor what the cause, they obtain their reward in the shape of fees. It has also been said that if there is any one thing in which they take especial delight, it is in the enforcement of unjust claims and the acquittal of criminals. They have no such word in their code of ethics as honesty, or right, or humanity, or justice. Always on the alert for clients, they follow us as the hungry wolf follows the lonely traveler, or as the vulture and hyena follow the caravan. The same instincts that actuate the one, impel the other. It is a just reproach that such persons are permitted to practice in the courts. In turn it is charged rightly that the medical profession contains an equal, if not a greater number of unprincipled, ignorant and unworthy members, and that complaints of this kind should not come from us. We are compelled to admit the undisputed fact that the medical profession is disgraced by a large number of so-called "Doctors of Medicine" who are as deficient, incapable and unfit for the performance of the business which they have undertaken, as the wooden images seen in front of tobacco stores.

"The common and prevalent belief among the stupid and ignorant creatures that too often fill our jury boxes is that the medical man is endowed with faculties, not second to God himself, that they have control of life and health, as well as disease, and if they fail, it is for the want of skill to compel the forces of nature to come at their bidding and eradicate all diseases that flesh is heir to. I ask in all candor what have we to expect from the average jury but a verdict of guilty? I have long and persistently sought some way to correct this stupendous evil. I have [claimed] and still claim that physicians alone are fit judges of the qualifications of their own members, and they alone should determine the fitness or unfitness of those who seek to engage in the practice of medicine. But we have not the same power or control over our own members that the bar has over its members. Had we such power there would be no cause of complaint. Let it be remembered that wherever there is an immoral or incompetent practitioner of medicine or surgéry, he is there in defiance of and despite the protests of the medical profession. As to the ruling of judges in cases of malpractice I have no fault to find: in the main they are right and just. But I do complain of those intelligent juries who are so adapted and fitted in every way to judge of our guilt or innocence. There are said to be evils incident to all forms of legal contests. This to a certain extent may be true, but in no other class of cases do they stand out so prominently, to the physician at least, as in suits against physicians and surgeons. I have no statistics tó refer to, to tell me of the number or frequency of the above cases, but to one conclusion we all assent, viz.; that the ignorant man or woman cannot discern between the quack and the physician. We have asked for laws to aid them in their discrimination. A law should be passed requiring all physicians to register, and compelling all who propose to practice to be examined as to their fitness for their calling, and also to prevent the itinerant from practicing at all. Such legislation would benefit the masses. We ask for no legislation in our behalf as a profession, and I claim there should be no unjust discrimination against us.

"I now desire to call your attention to a matter of vital interest to the profession, and while all present may not fully agree with me, yet the suggestions I make are at least worthy your careful and thoughtful consideration, viz.; medical men as witnesses in court.

"Medical gentlemen are frequently called upon to testify in court and in a great variety of cases. It would be not only very difficult, but indeed presumptuous in me, to attempt to go over the whole ground and suggest rules for your guidance, and yet there are a few topics upon which I may be allowed to say a few words. I may perhaps, as a preliminary remark, give honorable legal gentlemen the credit of carefully preparing their cases before going into court, and in most cases when physicians are to be examined, they both by study and inquiry manage to acquire considerable information touching the particular question or subject of inquiry. They have thus gained at least sufficient knowledge to enable them to answer dangerous questions and those which are difficult to answer; and we must give them credit for being able to detect ignoronce, discrepancies, and contradictions, and a willingness to expose them most unmercifully. Thus the lawyer's learning in reference to medical questions being special, that is, confined to a particular subject, and superficial, he is often at sea when he goes beyond the subject in hand, and because of this, there is the greater reason that the medical witness should be thoroughly familiar with the whole subject matter, and for the greater reason that the cause of justice and right demands it, as it is a most difficult matter for a physician, when on the stand as a witness, to clearly testify about or explain a matter he himself does not understand and comprehend most thoroughly.

"If a physician is called as a witness in a case of malpractice, he should be exceedingly cautious and not too hastily condemn the practice adopted by the practitioner first called, and this for various reasons, but certainly not for the purpose of shielding or protecting ignorance or carelessness. It is but fair to presume that a competent physician when called upon in a given case will have an earnest desire to treat it in a proper and successful manner. He then has an opportunity to see the patient, ascertain the disease or injury, and apply the remedy, and at no subsequent time can another physician have equal facilities for observation. The disease may have taken a fatal change, or the fracture be disturbed, caused by carelessness of the patient or, perhaps, without his fault or knowledge, and in either event, without fault on the part of the attending physician and clearly for which he should not be held responsible; and yet, the physician who is called as a witness, who can by no possibility ascertain the correct treatment or condition of the case at its inception, will sometimes positively and unhesitatingly condemn the treatment.

"Again, I repeat, the physician who is first called has opportunities of diagnosing the disease or determining the nature and character of the injury—which another, called in weeks later, I care not how eminent, cannot have: and too much confidence should not be expressed by the latter in condemning what has been done. Let us remember that, after all, in such cases we are tried not by the court and jury but by our own profession. True, the decision is with the court and jury, but they act, or should, upon testimony largely, if not wholly, given by members of our own profession and upon which the cases must stand or fall.

"I am not asking that carelessness or ignorance be excused, or that the practicing physician when he does a wrong should not be held rigidly responsible therefor, but rather that due care be observed so that the innocent may not suffer, which all concede constitutes a very great wrong indeed.

"Perhaps I have already said sufficient upon the subject of our duties in court, yet I may present another phase of the case in a somewhat different light. We all have on different occasions been called to give evidence in court and have had, in obedience to the subpena, to leave our homes, our patients, and at great loss and expense, travel long distances, appear and testify, and usually without any adequate compensation charged therefor. The question has frequently been mooted as to our rights under such circumstances, whether the *per diem* and traveling fees of an ordinary witness were all we could demand, or whether as experts we were not entitled to receive at least a reasonable compensation for the time and losses spent in making the necessary examination and appearing to give our opinion in court, based thereon. I desire to present my views upon this question, and it is one that I do not recollect ever having seen clearly presented before.

"A physician may be called to testify in a given case, as would a layman, and in such cases he has no superior rights. If a physician happens to be present at a horse trade or sees one man shoot another, and he is called upon to testify in court as to what he heard or saw, in such cases he stands upon a footing no different from that of any ordinary witness,—he but testifies to what he has heard and seen, and his professional skill and knowledge in neither case is called for. But a man is found dead, evidently from a pistol shot, knife or other weapon; a physician is called to make an examination and determine, if he can, whether the man died by his own hands, or his death was caused by the hand of another. Or it may be a case of malpractice, and in all such cases a most careful and laborious examination is required on the part of the conscientious physician, in order that he may go into court and, as a result of such examination and from his experience, skill and knowledge as a physician, give an opinion. This is not stating, as in the former class of cases, merely what he has seen or heard as a layman, but it is giving a professional opinion from his storehouse of knowledge, not possessed by the unskilled. This opinion, I submit, no court can require him to give, without an adequate compensation being paid him therefor. It is a skill, a knowledge which is of value to the physician, which he has spent years of study in acquiring, and perhaps hours, days or weeks in a special examination of the subject-matter, no part of which labor is applicable to the case of the ordinary witness; and it is this superior knowledge which we have thus acquired and possess—our capital stock—which no man or court can demand without compensating us therefor.

"It is therefore, I submit, our duty when called as witnesses in court to testify cheerfully as to any ordinary knowledge or information we may possess, without asking any extra compensation therefor; but that when asked to go farther and give professional knowledge and skill we should decline until assured that we shall receive adequate compensation. If we would but make this distinction and mutually insist upon it, based as it is upon the clearest principles of right and justice, courts and counsel would recognize its justice and grant it; and if they did not, we should decline to testify, leaving the question to be determined by the court of last resort. If we decline to answer, the court will fine or commit for contempt of court. Grant it. Let some one become a martyr for the good of the profession. But take a time to do this when the highest court in the state is in session or soon will be. Let the trial court commit you to jail for contempt in not answering the questions asked; at once apply to the court of last resort for a writ of *habeas corpus,* and then the question will be heard and decided within a few days. The profession can well afford to compensate the martyr for such a service. I respectfully suggest the propriety of raising a fund for the purpose of employing counsel in such a test case.

"I would also recommend a three days' session of this body, instead of two, as at present. It is neither just or right to the writers of valuable papers which they have spent weeks and perhaps months in preparing, to debar them from reading the same before the society, on the flimsy pretext that time will not permit it, and hence refer them to the Committee on Publication. They will soon tire of this and refuse to write more to be treated in a like manner.

"I would further recommend that a committee be appointed on legislation. We often hear it expressed that 'no good thing can come out of Nazareth,' but a doubting Thomas does not despair; he still has faith like unto a grain of mustard seed that good may yet be accomplished in this direction."

That the crying need Dr. Thomas points out came to practical expression in plans only after many years indicates the importance of individual agency in fruition of composite hope deferred.

REFERENCES

1. Journal of the Michigan State Medical Society.
2. Landmarks of Wayne County and Detroit.

Chapter IV

A Medical Miscellany and Medley

"A chiel's amang ye takin' notes
And faith he'll prent it."
—BURNS.

". . . if as an old writer justly remarks, an impartial and discerning compiler might be found, 'but perhaps such a Person is not easily, if at all to be found, to write the history of this or any other Nation'."
The Netherlands Display'd
BY MARJORIE BOWEN.

CHAPTER IV

A Medical Miscellany and Medley

By C. B. Burr, M.D.

THE allegation that physicians are not good business men is elsewhere in this record laid low. Pity the poor philanthropists without their assistance as disbursing officers.

The following item appeared in the *Journal of the American Medical Association*, April 27, 1929:

The Children's Fund of Michigan

"United States Senator James Couzens, Detroit, has created a $10,000,000 trust fund to promote the health, welfare, happiness and development of the children of Michigan and elsewhere in the world. The Children's Fund of Michigan, the corporation which will administer the fund, will be under the direction of Dr. Hugo A. Freund, Detroit, Senator Couzens' family physician. The trust instrument stipulates that the principal and income must be disbursed entirely inside of twenty-five years. In a statement, Dr. Freund is reported to have said:

"'Mental hygiene and child guidance clinics will be encouraged; vocational and educational problems will receive attention; plans for properly supervised group recreation will be assisted; dietetic hygiene, nutritional and other subjects bearing on the health of children will be investigated whenever and wherever the indication for the study arises. There are opportunities for more than adequate health programs for children, particularly in the rural districts. It is quite apparent that much sickness, suffering and retarded development result from the lack of proper care of the teeth of children, and we know that one of the first things he would like to see done is a movement in Michigan along these lines. The senator feels that children physically handicapped should receive early consideration from this fund. For the present no research in the pure sciences will be attempted. Nor will any edifice be erected to serve as a center for the many activities. This fund is for the purpose of assisting and developing those agencies and institutions that are already established, or creating new projects for the welfare of children and supplementing the work already begun in well established organizations. It may be definitely and emphatically stated that the foundation will not concern itself with individual relief nor with scholarships.'

"Senator Couzens heretofore has been a benefactor of the Children's Hospital of Michigan, Detroit. His total gifts to aid children are said now to amount to about $17,000,000."[18]

Alcohol in (and out of) Medicine

For more than a hundred years the use of alcohol in medicine and its relation to the public weal has been a burning question. About the beginning of the present century it was nearer solution, apparently, than at any time before or since. At that time it became, in clubs and in societies where practical men of affairs congregate, a topic of frequent discussion and concern. The inexpediency of its intemperate use was featured, and through word and example genuine temperance was furthered. The appetizer before luncheon was frequently omitted, indulgence in drink, even moderately, while the day's work was to be resumed, was discouraged, and bar receipts were heavily reduced. This educational and exemplary program gave place, however, to coercive measures through prohibition enactment which public opinion was by no means prepared to further and support, with consequences of disaster notable to him who runs. A review of the matter is of deep human and more particularly medical interest. What has happened was foreseen by more than one of the pioneers, notably by the Quaker Jesse Fell of Illinois who is quoted in Beveridge's "Life of Lincoln" (Volume II, Page 294) as saying, seventy-five years ago:

> "If there is any one fact conclusively proven by popular government, it is that laws, irrespective of their quality—good or bad, to be properly enforced must have the sanction of the popular voice; that 'it is all nonsense to say we can enforce law against theft, and therefore why not against that that many regard as bad, the liquor traffic—because all men say theft is a crime that should be punished, and one-half, nay a majority in many communities, look upon the liquor traffic as *not* a crime.'"

At the meeting of the State Medical Society in Detroit, in 1880, a communication was read from the president and the chairman of the Executive Board of the Women's Christian Temperance Union propounding a number of interrogatories, which was referred to a committee of three to report at the next annual meeting.

Dr. George W. Topping, chairman, made report in 1881:

> "Mr. President and Gentlemen:
>
> "One year ago at the annual meeting held in Grand Rapids, a communication from Mrs. B. B. Hudson and Mrs. J. B. Porter, the president and chairman of the Executive Board of W. S. C. T. U. [*sic*] was referred to a committee of which the undersigned is chairman, to be reported upon at this meeting.
>
> "The communication of these estimable ladies propounded four interrogatories and concluded with a statement and an appeal to this society.
>
> "To make this reply intelligible, without the necessity of referring back to them in the last year's transactions of this society, I will briefly summarize their communication.
>
> "Question No. 1: 'Is the use of alcoholic liquors an absolute necessity in the practice of medicine?'
>
> "No. 2 asks if their prescription by physicians does not result in their self-prescription by the patient and their use by him as a beverage.
>
> "No. 3 asks if their use as a medicine does not so much endanger their abuse as a beverage as to demand from physicians the utmost care in their use.
>
> "No. 4 asks if the use of beer as a tonic either in sickness or health is necessary.
>
> "The ladies close with an appeal to the profession to protect them from the 'free and sometimes reckless prescription of alcoholic liquors,' also, to make 'such an expression on this subject as shall influence the medical faculty to exercise such care in the use of this terrible agent of evil as may avert such deplorable consequences.'
>
> "Before attempting any replies to the above interrogatories, we desire to express our convictions, that it is not possible for your committee or any body of persons whatever to make such an expression from the use of alcoholic liquors in the practice of medicine, as shall generally influence the members of the medical profession in their use, further than the views expressed may happen to coincide with those of the individual members.
>
> "To the first question we answer that we do not claim that [the use of] alcoholic liquors or indeed any other agent is an '*absolute* necessity in the practice of medicine'; but we do claim that it is an agent of power, from which, when properly used, much benefit may be derived, and whose place as a medicinal and chemical agent it would be difficult to supply.
>
> "To the second question we would reply, there is, doubtless, some danger that a taste for alcoholic beverages may be awakened by their use as a medicine, though the danger is by no means so great as is frequently claimed. The circumstances under which they are most frequently prescribed by physicians are not those most likely to result in the formation

of habit or taste. Yet when there is a strong probability of our patients' being benefited, or perhaps supported through a trying and critical emergency by the use of such agents, we do not feel at liberty to refuse their aid.

"To the third question we reply, yes; emphatically! No careful and conscientious physician will order alcoholic medicines for his patient without considering the possibility of a taste therefor being engendered by their use.

"To the fourth question, we reply that we do not consider the use of beer as a tonic necessary, but it may sometimes be preferable to any other alcoholic remedy, and there is good reason for believing that intemperance is less likely to result from its use than from distilled liquors.

"In response to the appeal we would say: We are not insensible to our duties to the wives and mothers of the land, nor to the general public who entrust their physical organisms, and in some degree their mental and moral welfare, in our hands, and earnestly hope that no regular physician will ever be justly chargeable with 'reckless prescription of alcoholic liquors.' Yet we would not so far forget our duty to our patients as to refrain from giving them the remedies believed by us to be the best suited to remove their infirmities, even though it should result in the use of alcoholic remedies. 'To eat no meat or drink no wine lest it cause a brother to offend' may be a good Christian precept; but we very much doubt if any conscientious physician can withhold wine from a patient who would clearly be benefited by its use, lest perchance some reckless mortal should misuse and misapply the wine and thereby convert it into an evil.

"Having, as best we could, answered all the questions propounded by the ladies, we might stop here and avoid the discussion of the physiological, therapeutical and chemical effects of alcoholic liquors upon the human system in health and disease, and if we desired to avoid a free discussion of this subject we should undoubtedly do so; but believing as we do, that a general concurrence upon the subject can only be obtained through free and full discussion, we propose to offer a few thoughts under this last head to draw out the views of the members upon this important subject.

"Stillé in his 'Therapeutics' classes alcoholic with the general stimulants, and Headland as an inebriant narcotic, and he remarks that 'inebriants approach very nearly to stimulants.'

"It is non-fashionable (now fashionable?) to deny alcoholic liquors all stimulant or calorific properties or nutritive value, and to ascribe to it only narcotic qualities; still the weight of medical testimony, as well as general experience, is against this assumption.

"Headland (Page 395) says, 'When given in small quantities its stimulant effect may be the chief action manifested; its secondary sedative effects may hardly take place, and the production of inebriation or drunkenness may be altogether avoided.'

"Stillé's 'Therapeutics,' Wood's 'U. S. Dispensatory," Headland on the action of medicinces, and Carpenter's 'Prize Essay' on alcohol, all ascribe stimulant properties to alcohol and its compounds.

"If this was addressed solely to the members of this society, I need only appeal to their professional experiences to prove that alcohol and its compounds possess calorific, and nutritive value, as well as narcotic properties.

"Most of the members can readily recall cases where they have kept their patients from sinking under the exhaustion of typhoid or typhus and other low fevers, or have tided them over trying crises in pneumonia, the exanthemata, or the shock following injuries, or have sustained and supported them while enduring some exhaustive drain or debilitating cachexia, which they feel confident they could not have accomplished without the aid of alcoholic stimulation.

"Most physicians have had frequent occasion to resort to alcoholic remedies during convalescence from inflammatory and other acute diseases in which the vital powers have been much depressed, both to raise the nervous system from that low irritative state resulting from lack of vital power, and to improve the digestive powers of the stomach and the assimilation of food, so that the reparative powers of the system may more readily and surely restore the normal vigor of the system.

"The class of dyspeptics is very large, and is probably on the increase.

"There is high authority for saying that there is a comparatively small number of persons in whom the functions of digestion and assimilation are performed with perfect exactness and regularity.

"Now, while we would not recommend alcoholic remedies for all of these, yet the fact is undeniable that many of these cases of feeble digestion are more speedily and surely improved by alcoholic medicines combined with bitter tonics than with any other known remedies.

"The cause of temperance cannot be promoted by ignoring or denying the often proved and constantly recurring benefits obtained from the use of alcoholic liquors as a therapeutic agent."

George W. Topping,
Chairman of Committee.

Dr. Topping prefaced the above by remarking "that he had not been able to consult other members of the committee concerning the report till a few hours before; that those present, to whom he had read the report, agreed with him in all the essential points discussed in the paper, except on the question of the qualities of alcohol as a food.

Dr. Brodie moved that the report be referred to the Committee on Publication.

Carried.

Dr. Pratt thought that the referring of the paper without discussion would seem cowardly. He felt that while we may differ in regard to the physiological and pathological effects of alcohol, no one would refuse to administer it as a remedy. Its effect differs with different individuals. One gets drunk in his head, another on his "pins"; it makes some cheerful and others quarrelsome; some wakeful and some sleepy. It is idle to say that we must agree or that we cannot agree. We *can* agree on practice, and no wise physician will withhold from certain patients under certain circumstances alcoholic stimulants. He moved to reconsider the motion to refer the report to the Publication Committee.

Carried.

Dr. Pratt then moved that the report be adopted.

Carried.

Dr. Brodie moved that the report be referred to the Committee on Publication and that a copy of the transactions be sent to the president and secretary of the W. C. T. U.

Carried.[25]

Quoth Barnabas Case who owned an interest in a distillery in Manchester, in 1838: "I am doing more for the cause of temperance than he who advocates total abstinence. I sell the pure article; it will hurt no one. Manufactured as it is on the banks of the pure waters of the Raisin, it is as pure as the water you drink."

And comments the historian, "This reasoning would scarcely justify the distiller of today; yet forty years ago (in the forties) the temperance orator feared to dwell on the point."[17]

Fear is now, ninety-one years later, abolished by the uplifters.

"Moreover, the company was in favor of prohibiting the sale of liquor to the Indians and of maintaining missions and schools among them. An amusing 'subsidiary industry' maintained by the company was its sale of French wines in New York to support Father Frederick Baraga's little Catholic mission at Lapointe on the southern shore of Lake Superior."

The above is from an article on "Papers of the American Fur Company" published in the *American Historical Review,* April, 1927. Of this company the famed Ramsey Crooks was representative, and the excerpt quoted pertains to the 1838-1839 period or thereabout.

The amount of the proceeds is said to have been "quite extensive" and

"Crooks apparently attended to the sales gratuitously. Such a service was quite in keeping with his character. He and his wife found time in their busy life to attend to the education of numerous little half-breeds from the fur country, to search New York stores for music for traders in the wilds of Michigan and the region west of Lake Superior, to pick out and send worsteds for the embroidery of the traders' daughters, and to buy long lists of books for missionaries and traders. Hence it would not be strange if Crooks donated his services in raising money for the little Catholic chapel on Madeline Island, curious as this method of financing the salvation of souls may appear to the modern mind."[1]

Father Baraga, with "temperance scruples," protested several times against this practice, but "apparently without effect."

"Whisky certainly grew more potential, and in 1829 our good old country set out upon a crusade, not of prayers and prohibitory laws, but of 'moral suasion.' . . . It would seem that the constitutions of those earlier societies did not, at first, prohibit the sale but only the free use of 'strong waters,' and this was under the control of the doctors not always temperance doctors."

A member of the Ypsilanti Temperance Society thus wrote in a lengthy letter of resignation:

"My feelings have been touched upon a tender point. After reflecting that I was one of the first to lend my influence in the support of the cause of temperance, both by precept and example, then to be dealt with in the way I was that evening is unmanly and ungenerous and more than human nature or human reason ought to bear. If I had violated the constitution there would have been just grounds for the objection.

"There is no article prohibiting any member from selling distilled spirits. Of course where there is no law there is no sin. The very man who has purchased bottle after bottle of liquor from me this season is the first to rise up and condemn me for selling it to him."[17]

'Twas ever thus.

An article on "Temperance and House-raising" in the "History of Macomb County," Page 291, "contains a moral." In the year 1830, at Romeo, "Deacon Rogers' Pledge" was circulated and "gained a few names," among them that of Dr. Hollister, "who has kept it," and in Chicago at that, "for fifty-two years."

This statistical matter was assembled in 1882, and it is altogether probable that the pledge has not since been broken.

After a "little brown jug" was filled, writes further the author of this contribution to morals, "the old man took up the pitcher to drink, but paused, set it down, emptied it, and thus addressed the son, who had procured the beverage to help out in haying: 'My son, let us never touch this stuff again as long as we live.' The father kept this resolution, but the son is a drunkard to this day. And thus the leaven was at work."

Mr. William C. Lemmon announced in 1830 that his house should be raised without the whisky libation. This the neighbors resented and "retired," but General Williams in the subsequent week succeeded in persuading them to resume work, in order that the "family should not suffer on account of the parents' temperance fanaticism."[17]

Gilbert Allen of Lodi succeeded better. He was "the first practical temperance apostle in the town" and got by with "pure *aqua vitæ* instead of the ordinary 'calamity water' " in raising his barn.[17]

Benjamin F. H. Witherell (later Judge of the District Court of the County of Washtenaw), while district attorney, appeared for the people in a case against Edward Priest under indictment by the grand jury for "selling liquor in less quantities than one quart."[17]

The jury required two hours to find the defendant "not guilty." From modern examples this was apparently an unnecessary consumption of time.

"Are you Dr. Deming?" inquired a wayfarer, "dashing excitedly through space" in 1833. "No, sir," was the reply, "I am not Dr. Deming, but I am Dr. Lincoln. Can I do anything for you?" It seems that Judge Lovell was lying at Bronson (later Kalamazoo) quite ill "and that a diet of cold water and brandy steadily administered had failed as a part of the treatment. Acting under a sudden inspiration, Lincoln decided to try *hot* water and brandy, and from that moment Lovell, who was thought as good as dead, rallied. He was "still alive and hearty" in Ionia, in 1881.[11]

This is certainly the last word in inspiration. In these decadent days there is lamentable loss of the pioneer spirit(s).

From the "History of Washtenaw County," Page 209, it is learned that in the Toledo War "our headquarters were on the east side of the river in a hotel kept by Dr. Andrews." The Ann Arbor contingent was "proud and haughty" that they "came out ahead of the Ypsilanti boys." The latter had failed "to secure the prominent officers."

Unselfishly they were "cheered up" by the others and given "the best the house afforded in provisions and a superabundance of *good* whisky (not the 40-rod of the present day) [1881] which had the effect to make them, as well as us, valorous and remarkably courageous. We were gritty as hyenas."[17]

Query: *Are* hyenas gritty, and what are present-day recollections of the whisky of '81?

On second thought, what's the use of rubbing in denatured alcohol?

In the "History of Bay County," Page 507, it is recorded of Dr. John P. Snyder that he settled in Williams, in 1870, that "he can remember when he could count twenty-seven lumber, square timber, hoop and railroad camps, and five saloons within two and a half miles of Auburn. His practice is a very large one, requiring him to keep four horses, and he covers a territory about 25 miles in extent, north and south."

He was "a member of the Homeopathic State Medical Society, and a subscriber to all current medical literature."[7]

It may be desirable to add that Auburn, with its five saloons, is not the "loveliest village of the plain" of which the poet has sung.

The following "original toast" was delivered by Chauncey Church, architect and builder, from the "topmost timber" of "the first building raised in this vicinity [Washington, Macomb County] without the use of whisky" in 1838:

> "This frame is of oak, it stands upon rocks,
> 'Twas framed upon honor for Elias Wilcox;
> And since it is raised and things are all right,
> 'Tis Elias' house and Nancy's delight.
> We've had no whisky, we don't care for that,
> We'll have something better than rum or wild cat.
> So let us be merry, both Democrat and Whig,
> And we'll go to the house and get some baked pig."[14]

Small wonder that sentiments such as these have carried on and hopes for the world come to full fruition. The "Wets" have been shy of eloquence in permitting such propaganda to go unchallenged. Or were they too much befuddled to take serious notice of danger? Query: How did the "Democrats" receive this—lying down?

Invitations were sent out in 1824 to celebrate the Fourth of July in Woodruff's Grove. "The dinner passed off well, and Delia Woodruff and I had the hot sling ready for toasts. This was new work for us, and we forgot our instructions and put in a double portion of whisky." The effect of this "was soon apparent," but "everything passed off pleasantly . . . and harmony and good fellowship reigned throughout the day."[17] (Reminiscences of Mrs. Alvin Cross.)

"On the first day of June, 1825, the road from Detroit to Chicago was surveyed by the United States Commissioners beyond Woodruff's Grove, so the village perished."[17]

The moral of this is plain as a pikestaff—"Broad is the way that leadeth unto destruction."

"The early experience of Dr. Saunders (Henry G.) in Grand Rapids, owing to a series of misfortunes, was not of a very encouraging character, as he was three times burned out during the first eighteen months of his residence here, and by these conflagrations he lost most of his personal effects, including a library of great value, his surgical instruments and his account books, with no insurance."

Nothing daunted, "he now owns 1500 acres of timber land, one good farm, six large tenements and about thirty city lots, and for forty-one years [this was in 1900] has resided in the same dwelling on North Ionia Street."

Graduated in New York, in 1847, practicing medicine in Grand Rapids and incidentally in the "prosecution of claims" from 1858 to 1875, he "acquired a competency."[3]

All will agree that this is going strong for a physician whose "health became impaired" in 1875 but was "remarkably well preserved" in 1900. The success is perhaps attributable in part to abstention from intoxicants, and limitation of indulgence in tobacco "to an occasional smoke."

Dr. William J. Calvert was self-supporting very early in life. At twelve years of age he was employed on a farm at $1.50 a month. After pursuing various avocations, including the jeweler's trade and photography, he acquired means to take two courses in the medical department of the Michigan University.

Very unfortunately for another branch of the medical profession—in view of his attainments and remarkable record later in practice—he decided to "adopt the homeopathic system and graduated in the New York Homeopathic College in 1865. He practiced several years in Chelsea, and located in Jackson in 1868, after having received a degree from Hahnemann, Chicago.

"He is a staunch temperance man; signed the old Washington pledge when 10 years old, and has belonged to most of the temperance societies since organized. He has never drunk a glass of liquor in his life, and for fourteen years has not prescribed a drop of alcohol for internal use in medical practice. During these years, the doctor has not lost a patient from smallpox, scarlet fever or measles, when called before the disease had reached its last stage, and he has treated many. In hundreds of cases of accouchement, he has never lost either mother or child. Dr. Calvert is past counselor and medical examiner for the Central City Council of the Royal Templars of Temperance, of Jackson; is a member of the Masonic order, and of the I. O. O. F. lodge and encampment. In 1873 and 1874 he erected the Calvert Block on West Main Street, and in 1878 purchased the Ann Arbor Sanitarium and medical springs, the buildings of which burned March 29, 1880, involving a heavy loss.

"Doctor married Mary Jane Birch, of Canada, in November, 1859. They have one son, William B., a student in the homeopathic department of Michigan State University; and a daughter, Agnes J., in the third year of Ann Arbor high school.

"Doctor is five feet nine inches in height, weighs 190 pounds, and can inhale 330 cubic inches of air at a single inspiration. He has ridden 115 miles in a buggy and prescribed for forty patients in a day of eighteen hours, tiring out three horses to do the work, in the month of July, with the mercury at 98 degrees in the shade. He does most of his reading and writing between 8 P. M. and 2 A. M. The doctor has invented several surgical appliances of value to the profession. He is a Monotheist and Rationalist in religion; a Republican Prohibitionist in politics; a hater of shams; a lover of music, games and dancing; a hygienist in food, and believes 'fun is better than physic.' "[12]

A full page portrait of Dr. Calvert appears in the "History of Jackson County," Page 279. Wavy hair, moustache and burnsides contribute to the impressiveness of the picture.

As to burdock seed, recommended in rheumatism by Dr. John R. Jones of Leesville, while all may not agree with its specific values, the vehicle of its administration is deserving of mention.

"The preparation he used was a whisky tincture, made by macerating a handful of the ripe seeds with a few pinches of colchicum seed, in a pint of old rye, to which was added some spirits of nitre."[21]

It is no small tribute to the courage of these pioneers in medicine that, at a meeting of the Calhoun County Medical Association in 1882, in discussing a paper of Dr. Kellogg of Battle Creek on the "Rational Treatment of Consumption," "Drs. Cox and French think they have seen many cases cured by whisky and cream, Dr. French himself being of the number."[4]

Dr. Fuller presented a paper to the State Medical Society in 1880, "describing two very severe cases of crushing of the feet," and advocated "the free use of stimulants in such cases."[4]

"With regard to the use of *malt and spiritous liquors,* which we may regard in this instance as articles of food, it will be difficult to lay down any definite rules. In most cases I find that the malt liquors are to be preferred."[21]

Thus Dr. E. L. Shurly, discussing the treatment of phthisis pulmonalis.

The "gradually growing" tendency towards adopting commercial instead of ethical standards for governing human action is mentioned in the presidential address of Dr. E. L. Shurly to the Michigan State Medical Society, 1899.[25]

He contended that codes or systems of ethics did not originate with modern civilization, but were related to the communistic system of prehistoric man, necessitated for protection. Rules of conduct arise from selfish motives, primarily, "a hope of reward either now or hereafter," and therefore, "the abstract idea of right and wrong is arbitrary and based upon the circumstances and environment of the collection of individuals affected."

He rejoices in the fact that emancipation from slavish acquiescence to one religion or political system has come, this "largely due to the glorious system of free public education inaugurated by the United States.

"Man thinks more and acts more for himself. . . . Perhaps the pendulum may swing too far the other way, and disorganization instead of improved ethic organization may ensue.

"The foibles and senility of monarchical systems of government as viewed from an American standpoint" are stressed. . . . "We who are law abiding, should hold ourselves obedient to law.

"We see also a nation of naturally talented people held in mental and social slavery by a church on one side and a czar on the other.

"Notwithstanding the example of our faithful adherence to a broad system of ethics, the principal aim of which is the protection of the public from the evils of advertisements and from charlatanism, from epidemic diseases, and from dangerous unsanitary surroundings . . ." and the instrumentality of the profession in "stamping out of numerous virulent scourges . . . . there are relatively few who fully appreciate the high moral import of our code of ethics. . . .

"Boards of health should be composed of reputable physicians entirely, also the boards of all institutions for the care of the sick and infirm.

"We should take new life in combating fraud and humbug. To accomplish such laudable ends we must strengthen the Michigan State Medical Society and extend its influence."[25]

But trifling exceptions may be taken to this address—among them that concerning the composition of boards. In the light of present-day conditions it is interesting to speculate upon what would have been this excellent physician's reactions as one who was "law abiding" to "enforcement" problems.

Discussing "Temperance in the Public Schools," Mulheron writes (in 1884) that he is "nothing daunted by the threats of the female suffragists . . . in opposition to their bill. . . . It is no disparagement of the good women of the W. C. T. U. . . . for us to say that they have not the qualifications of an Anstie for the scientific consideration of the alcohol question," and that "while it is important that our children be deterred from an abuse of their appetites, it is doubly important that the means of such deterrence do no violence to truth."[21]

"An old advertisement mentions among the advantages which are offered by a passage on the vessel advertised, the following: 'The good ship is amply provided with wines and spirits of the best quality, which may be obtained on board at moderate prices. There will be Divine Services twice every Sunday, and the ship carries a Cow, a Stewardess, and likewise an experienced Surgeon.' It is held by many that the position of ship's surgeon, as indicated by his association in this advertisement, has not improved up to this day. And yet we never hear of a passenger steamer's having any difficulty in securing incumbents for the position."[21]

Time was in Michigan when the treatment of inebriety engaged the earnest attention of physicians. Nowadays, of course, results from imbibition of alcoholics are so sudden and devastating that records are confined to the newspapers. Dr. G. W. Crosby's (Ludington) successful use of nitrate of strychnine and atropine, Dr. Carrier's (Detroit) "injection of apomorphia" with the whisky into a sufferer who "got rid very easily of the whisky, and from that time until to-day" has not touched either that or beer, and Dr. Osborne's (Kalamazoo) patient, advised "don't do it," who took two glasses of seltzer instead of what he wanted, and in whose stomach the carbonic acid gave relief, are solely of historical interest.[25]

An editorial writer in the *Detroit Review of Medicine and Pharmacy* "was much amused by the report going the rounds of the secular and medical journals in regard to a person who has (as reported) suffered from annual attacks of hydrophobia, the first one occurring exactly one year after having been bitten by a dog supposed to be rabid."

The locality of the tragedy was Sandwich. The facts furnished by Dr. Farrand, one of the surgeons of St. Mary's Hospital, were that the man had been bitten, but "the anniversary attack was the result of hard drinking, to which he had resorted as a prophylactic against the disease" (developing "d. t's.").

Here must have been the original *avisé* to whom the formula, "Take some hair off the same dog that bit you," was directed.

In "History of Macomb County," Page 265, it is recorded that Dr. Gleeson, "a man of large practice" and "favorably known to the people," was more than once beset by snakes. His horse didn't sense the menace and proceeded "at his leisure. The reptiles . . . after repeated assaults on him gave up the business" and directed "their attacks against the medical man. This program was evidently adopted about the year 1839 for the doctor experienced a few rare adventures during that year." Stooping to extricate his stirrup from a supposed bush "he saw a large snake enfanged" but was pleased to discover that the "poisonous reptile (Massasauga) had only reached the pants at the heel of the boot."

In those pre-Volstead days, however, the doctor probably carried a prophylactic in his saddle-bags.

Commenting upon "A Case of Rattlesnake Bite Successfully Treated with the Permanganate of Potash," the editor of *Medical Age* says, "It would be interesting as well as profitable to know whether it was the whisky or the permanganate of potash, or both, that effected the cure in this case. Whisky is regarded as an excellent remedy for rattlesnake bites in some sections of the country."

Dr. Henry F. Lyster of Detroit thought "if we make the environment better . . . houses up high and the *cellars dry*"† that "in this direction we should look largely in the improvement of the individual."[25] One of his patients kept a saloon.

Dr. J. B. Griswold said at the opening of the thirty-second annual meeting (1897) of the State Medical Society in Grand Rapids, "Now, gentlemen, I have given you a general idea of what there is to be done for you, and you understand from what Mayor Emmer has told you that the town is open, and the only place that I know of that is open after eleven o'clock at night are some rooms at the Morton House, or possibly the club, but of course none of you will be out later than eleven o'clock, that is, after tonight."[25]

At this meeting "at 9:30 o'clock, two hundred and twenty-five banqueters sat down to a most enjoyable Dutch lunch. The toasts and songs were as follows, Dr. Joseph B. Griswold acting as toastmaster:

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†Italics are the reviewer's.

"The Modern Physician"..Dr. N. Louisa Andrus
The Bull Dog on the Bank
"The Ancient Bleeders by a Modern Barber"............Dr. O. P. Barber, Saginaw
'Tis a Way We Have at Grand Rapids
"The Appendages"..Dr. F. W. Mann, Detroit
Auld Lang Syne
"The Medical Bill"..Col. M. A. Aldrich
Bingo
"The Appendix"...Hon. John W. Champlin
Good Night, Ladies

Dr. Hays and others "enlisted themselves in the cause of abstinence" in Ypsilanti in 1829. "The society *prescribed only ardent spirits.*"[17]

Responsibility for the italicizing is mine. (C. B. B.)

" 'Well, Mrs. Doyle, how is Patrick this morning?' 'Sure, docthor, he does seem no betther.' 'I think, Mrs. Doyle, you had better have him taken to the hospital where he can be better treated.' 'Treated, is it, docthor? Sure, he has been treated too much already, or why should he be having the delarium tremins, bad cess to him.' "[21]

Comes recently the news in block letters, "U. S. Expects One Hundred Rum Indictments Here" (Detroit). A decade ago we were promised that jails and penitentiaries would be promptly emptied. Six months was, as I remember, the time specified. Today every one is crowded to capacity. High crime is rampant, and in consequence of certain people imagining "vain things," raging is not confined to "the heathen."

The following boon to the suffering was given in the *Bulletin of the Wayne County Medical Society* of January 8, 1929:

> "We are publishing below a list of the druggists in Detroit who can furnish liquor on prescription, for the convenience of physicians who are prescribing whiskey, brandy, etc., to their patients during the present epidemic and who are not acquainted with the location of all such pharmacies. In view of certain circulars which are being sent to local physicians with rather liberal claims in regard to the furnishing of liquors on prescription, we are also printing below, in part, the Michigan law governing liquor prescription."

From Minneapolis in 1928 comes confirmation of a long and apparently well founded suspicion that "Perfect Backbones Proved Rare." Having universality of application it may be properly included in the history of any state in the Union, although some have doubtless displayed more columnar rigidity than others as refusal to ratify the Eighteenth Amendment witnesseth.

> "Backbones that are considered normal and perfect by their possessors and the examining physician may show interesting abnormalities when subjected to the searching eye of the X-rays. In over half of nearly a thousand spines of railroad men investigated by Drs. B. C. Cushway and R. J. Maier of Chicago and reported to the American Medical Association here today, there were anomalies and abnormalities. Vertebræ are particularly variable, every little vertebra tending to have a shape all its own.
>
> "The willingness of industrial employes to blame any spine trouble to injuries, sometimes imagined, incurred in their work has caused railway and other surgeons to study backbones carefully."

The following excerpts are from "Tonics and Sedatives" in the *Journal of the American Medical Association,* November 24, 1928:

Therapeutic Notes

Received on a postal by A. R. M. of Nebraska and loaned to this tower of scientific erudition

A visitor to a sparsely populated district in Scotland was enquiring of his host as to the amenities of the locality. "How far distant is the nearest doctor?" asked he. "Ten miles and a bittock," replied the host. "Dear me," said the visitor, "that's very awkward! How do you do when anyone turns suddenly ill?"

"Ou, just gie him a gless o' whusky."

"But if a glass of whisky has not the desired effect, what then?"

"We just gie him anither ane."

"But what if two does not set him right?"

"Well we juist gie him three or mebbe fower; and if that's no eneuch, we fill him fou' an' pit him till his bed."

"Yes, yes, but if whisky given in any quantity will not cure him?"

"Ou weel, then, sir," gravely replied the Scot, "if whusky winna cure a man, he's no worth curin', an' may weel be latten slip."

The Editor Makes a Diagnosis

News note discovered by R. A. Y. in the Deer Trail (Colo.) Tribune

Mr. H. E. Pierce is repairing his cow barn. He brought us in a sample drink of his water the other day. It tastes fine.

Inquiry made in a letter to the *Journal of the Michigan State Medical Society*, December, 1921, "Why shouldn't the American Medical Association undertake the revealing of the exact facts"—as to improvement, or the reverse, under prohibition, in crime conditions—is now respectfully repeated. Published utterances of partisans eight years later are still divergent and irreconcilable.

"Unusual" Cases

A fellow townsman called at the door of Dr. G. W. Chrouch of Shaftsburg, and in response to the good wife's, "Yes, come in," said he wanted to see the doctor outside. The patient had knowledge of the results of partaking of "forbidden fruit." He had thus previously fared, and "my wife" who "has seen me put up his medicines" and had taken occasion to treat "your writer to a lengthy lecture in morals," now declared "you should let such brutes die of their own doings."

The patient's wife's "unusual case" was the subject of Dr. Chrouch's paper. Distention of the bladder, high pulse and temperature were present, and on the following day an "unpleasant experience" occurred.

"The house is small—the patient's bed is occupying the only room into which company could be received—the preacher is present; the husband wants nothing done which would arouse suspicion as to the nature of the disease; the poor woman is much distressed by the distended bladder. The man of religion made quite a protracted visit; sang a long hymn; made a long prayer; and then stayed till he got his breath before I was allowed to relieve the sufferer. While I was performing this duty I discovered that the inguinal glands of both sides were enlarged and tender. She also complained of sharp pains in her hip joints, knees, ankles, and toes. I found the knees swollen and hot, motion of limbs very painful, the right leg was the worse. The ankle of this side was nearly as large again as its mate. The whole abdomen was extremely tender and sore (as she said), with a copious discharge from the vagina. I continued fomenting abdomen; painted inguinal glands with tincture iodine; put limbs into proper position, with joints cushioned by use of cotton wool; gave mercurial purge; kept vagina well washed by alum or boracic acid solution, followed by solution of permanganate potash, and for this reason I have been led by experience to consider this potash salt as near a specific in this disease as we have arrived at specifics in any disease. I left my patient with grave fears, and only to find that a 'busy-body' of an old woman was whispering the possibilities of an abortion into which she would fain figure me as an actor.

"On my following visits I acted in a way to protect myself in the opinion of others. I became bold in all I did, and had this same old lady painting the buboes with iodine; had her hold the basin while I drew the urine with catheter, applying compound soap liniment to joints, into which I had put largely tincture opii.

"The case began to pass as one of rheumatism with the laity. On being asked if it was not rheumatism, I would say, 'It's synovitis, but some call it one form of rheumatism.' One morning I found the preacher there again. He had preceded me for some time. I heard him tell the pateint that his wife had been once just as my patient was (with rheumatism, I presume), and that he had doctored with different ones (physicians?) with no benefit, and that one day an old man, a preacher of his town, told him of a simple thing which he used with effect at once. I felt like asking him if it was to let the source of contagion alone in the future. I smarted not a little under this imputation of lack of skill with our noble profession; but, with my accustomed diffidence, I said nothing. Next day I found this same old lady had superseded me in the treatment of 'rheumatism,' as it was called. I do not know whether she and the preacher had held a consultation on the case or not. She scorned what I was doing, and had sent the husband, who had become a coward as well as a sinner, to the hotel barn for the fresh excrement of the cow, and had the joints well smeared with it when I arrived.

"Things went from bad to worse from this out. Bed sores formed, excoriations spread, abscesses in the inguinal glands, in the labia majora, in and about the joints, and the patient died of blood poisoning and exhaustion.

"Now, the points of interest to me are these: (1) Holmes (Americanized) says that gonorrheal rheumatism 'is rarely, if ever, met with in females.' During the past five years I have had four such cases, three of which were in females. (2) I never before or since knew of a person dying from the direct or indirect effects of this disease."[25]

The practice of Walter Scott Shotwell, A.M., M.D., Homeopathic Medical School, St. Louis, "has been confined chiefly to the diseases of the rectum and lower bowels, employing generally the treatment by electricity. He has contributed to the interests of the profession by the invention of a rectoscope, an instrument well received."[10] ("Well received" by the patient also? C. B. B.)

He had been four years in practice in Grand Rapids in 1891.

"I was called down the street a block or two to attend a stout Swede woman in confinement. She nearly frightened me to death by her groanings and lamentations, which began with every pain and lasted until its expiration. In this case I saw for the first time in use the swinging trapeze arrangement, hung over the bed within easy reach of the patient. This the midwife placed in her hands at the beginning of every pain, and pulling on this and bellowing at the top of her voice was her business until the child was born. I never learned what they did with the trapeze between babies, but judging by the stepladder arrangement of those present, presume in this particular family, at least, they just hooked it upon the ceiling temporarily, the ceiling being of rough boards only. When the child finally came I noticed the midwife getting the dishpan to wash it in, after which ceremony, I gave my valuable assistance in furnishing the cord dressings and all was well. My notes read that I always stood in well with this midwife, because I never interfered or made a suggestion if she was doing all right, and it further states that I was always sure of a call to any case she might be attending. Reading on, my notes say, in regard to this particular case, that I went over the next day to see the patient, as was my custom then and is now, and I found the same dishpan filled with bread sponge before the fire. I never ate a meal with that family, though I did officiate several times later at the birth of children."[19] ("Memories of Incidents in the Practice of Medicine in Michigan nearly Fifty Years Ago," by Dr. Victor F. Huntley of Lansing.)

An editorial in the *Medical Age* gives painful details of the ineffecutal efforts of a coachman and a maid to effect disentangelment during a close relationship. There is a moving word-picture of local anatomical redundancies displayed by the party of the first part following "a few whiffs of the anesthetic" to the party of the second part. A likeness to Iago's 'beast with two backs' is discovered. Confirmation of the views of *fundamentalists* is also revealed in the episode, which "affords an explanation of how it happened that Phineas, the son of Eleazer, was able to thrust his javelin through the man and the Midianitish woman." She had "an attack of vaginismus."

The true story of vaginismus was told to the State Medical Society in 1887 by Dr. W. P. Manton, but he makes no mention of the above case.[25]

A bride, who consulted Dr. J. B. Sullivan of Stanton, revealed with bewildering embarrassment that at a highly critical moment during close communion her spouse was seized with "complete numbness and loss of all pleasurable sensation," which unfortunate condition was immediately followed by a feeling of pain intensified on the slightest motion and at times "so excruciating as to forbid separation for upwards of an hour or until flaccidity supervened."

The case being without parallel in Dr. Sullivan's practice, he, having unsuccessfully sought light thereupon in medical literature, sent out an S. O. S. call to others to prove "friends in need" in the extremity.[22]

From more than one source the call was heeded. Dr. C. V. Beebe of Howell writes of a patient who at the aforesaid crisis experienced what seemed to him "like a blow from a hammer in the region of the medulla oblongata, by which he was rendered impotent. The cases are not exactly similar," continued Dr. Beebe, but "evidently the excitement of the motor nerves is sufficient to produce a tonic spasm of the erectile tissue." This patient was relieved by twenty grain doses of bromide of potassium three times a day and recovery was complete, as evidenced by a "young specimen of the genus homo" which his wife brought into the world.[22]

And Dr. E. R. Thornton of Belleville had "three cases something similar." For one of these sufferers who had "signally failed to realize the pleasurable desideratum of matrimony," whose courage was thwarted by a small and unsatisfactory emission before the culmination of coition, and whose ineptitude was attributed to "morbid secretion of the urethra caused by self-abuse" a prescription of cantharides and nux vomica was made. This regrettably was unsuccessful. "Up to ejaculation" future experiences "were pleasurable to both parties," but then, horror of horrors, "the penis was seized with numbness and pain, and a thrill throughout the entire system, and subsultus tendinum of the toes.

"Examination revealed inflammation of the glans penis and urethra, for which an injection of a strong decoction of nut galls and a few grains acetate lead, three times a day" was prescribed. "The relief was complete, and the gratification of the young husband was made evident" to the doctor "by the receipt of $25.00."[22]

As pointing a therapeutic pathway, it is, of course, hopeless to record this, realizing as does the writer, that search through the soda-fountain and lip-stick stores will unearth no nut galls for the neophyte's use.

"A Layman" contributes the following to the *Michigan Medical News:* "The marriage was a brilliant affair. Very soon it became noised about that the wife was disgusted with her husband and had left him." The case, of divorce, was called—the grounds of complaint were the man's alleged incompetency, and a number of physicians were called to give testimony. "The judge refused to grant her request, and they must live together for a year before he will entertain the application. How do you think one of the electrical devices (with scrotal attachment) would work in such a case as this?"[22]

And apart from the scanning, there's nothing the matter with this verse—

"Birds in their little nest agree
And 'tis a shameful sight
When professors in one university
Fall out and chide and fight."[23]

"A Surgical Paradoxology" it was indeed, and Dr. D. Milton Greene's statement is credible that he would have hesitated to believe the patient's story except that he came from a good family, "was candid and unpretentious, and the other members of the family verify."[25]

The young man on the day before the report was given to the State Medical Society (1896) "had almost normal vision in the injured eye" from clearing away of the blood in the vitreous.

What happened to the youth were:

Dislocation of elbow joint at five years of age,

Fracture of both bones of the left leg at seven (recovery without deformity),

Fracture of ulna and radius and dislocation of elbow joint at eight (recovery "without a blemish"),

Loss of distal phalanx and crushing of thumb at nine (badly scarred thumb, but yet useful),

Six months later explosion of a powder can, the contents filling his face, eyes and hands and "burning them so badly he was blind for some time" (recovery "without serious damage").

At ten years, "a large barn door blew against him, cutting his ear open and nearly severing it from his head." (The surgeon and nature coöperating, there was no deformity.)

Next, a "fall upon his chin with his tongue between his teeth which nearly severed that member about three quarters of an inch from the tip." (A deep scar in the tongue "tells the story.")

Next, a broken bottle—glass in the heel. All went well for two years, then suppuration at metatarso-phalangeal articulation of the big toe. Removal of glass ¼ × ⅝ inch.

From this time on the patient was mercifully spared "serious injury until today," and has reached the age of twenty-five.[25]

Dr. J. L. Valade of Newport specialized in interesting cases. He reports one of "a pupil of mine" when he was teaching school at Stony Point, Canada, West, whose only nourishment at the age of six was "about four ounces of diluted milk, with a little sugar, daily." She had never nursed at the breast. "In 1848 while reading with our late lamented Dr. Pitcher, I undertook to relate the case to him and to Dr. E. Andrews. For my pains I was told that I had better not say anything about it, for I would not be believed. I, therefore, have held my silence until now."

The smashing of the silence arose from his reading of a similar case in a New Orleans paper, whereupon he wrote to the postmaster at Stony Point and learned that "the girl you wrote about is still living. She is the mother of six children, fat and healthy, and still lives on her three ounces of milk per day and nothing else. She says she remembers you well and would like to see you."

He offers to accompany any doubter on a visit to his *"non mangeresse."*

Dr. L. C. Woodman of Paw Paw contributed an "interesting though incredible observation" to the *Michigan Medical News* in 1882, of one whose "gift is that of generating fire through the medium of his breath, assisted by manipulation with his hands." The subject was "ignorant and says he first discovered his strange power by inhaling and exhaling on a perfumed handkerchief that suddenly burned while in his hands. It is certainly no humbug, but what is it?" He concludes by the pertinent inquiry, "Does physiology give a like instance and if so, where?"

Why this "phenomenon" should remind Dr. M. F. Palmer, of Hartford, Michigan, "of a singular case which I saw some years since at Watervliet in this state, viz., that of a large boar suckling a couple of pigs"[22] is not clear.

"Dr. Pratt's description of his struggles with a tapeworm" led Dr. J. B. White, then of Saginaw City, to painstaking research on the subject. It was the first time in twenty-five years' practice that he "had been called upon to prescribe" for this anti-social neighbor, and his difficulties were much augmented by the injunction of "the strictest secrecy in regard to her affliction." She feared "the druggist might suspect the nature of her trouble," and he was thrown upon his own resources in compounding a "pumpkin seed paste." The patient was deprived of breakfast and dinner, and following this regimen, advised to "eat all the pumpkin seed paste she could swallow; but in order to make more sure" twenty drops of oil of male fern were prescribed, to be followed by "a like dose in the morning," and this "with a dose of castor oil and turpentine." She concluded to wait another week on account of urgent business to which she must attend, but "had already taken about one third of the paste" and was advised to press forward to pursue and achieve. Here, however, her business acumen asserted itself. She took, instead of the oils, a dose of sulphate of magnesia and soon after had the satisfaction of "capturing the whole worm, head and all, over twenty-five feet in length."[4]

Query: Is it likely that she revealed to the Sewing Society at its next meeting the triumph over the doctor?

"Medical Record: 'Measure for measure,' as the patient said when he poured out ℥ii (two ounces) of turpentine for his tapeworm. 'All's well, if this ends well,' said the tapeworm, as he buried his front end in a follicle of Lieberkühn while the turpentine swept by."[21]

A CASE OF BILIOUS COLIC (?)†

"I was sent for May 15, 1878, to see a Miss S—, said to be very sick under the care of Dr. —. I hastened over and found the doctor treating a case, as he said, of bilious colic, he having been at the bedside for the last twenty-four hours. I was shown to the bed where lay a well developed young woman of eighteen with a very red face. I said to the doctor that perhaps his remedies were not strong enough for such a case (he being a homeopath).

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†Reported by J. Camp, M.D., Bangor, Michigan, June 19, 1878.

I intimated that I could relieve the patient by manipulating the bowels through the rectum, as I looked upon it as a pure case of intussusception. Having gained his consent to do so, I asked the nurse to get me the permission of the patient, which she did, and I sat down by her bedside. In carrying my hand to the desired location, I had not much steadiness of nerve (being a man of sixty), and I reached her person an inch or an inch and a half too high, and actually entered the vagina. Before I had time to correct the error, my fingers came in contact with something resembling a child's head, which followed the hand as I withdrew it, until it formed a large perineal tumor, and in a moment or two there was a long protracted pain which ended with the disappearance of both tumors and the patient's dropping off to sleep. Just then the cry of a child was heard upstairs or down cellar, which I ordered the nurse to go and still, for fear it would waken the patient. She not obeying the order, I turned my head to divine the cause. There she sat motionless in her chair, with a face as red as had been that of the patient's a short time before. At that moment I felt something under the covering of the bed alive and kicking. I said to her and the doctor that a child had crawled out of the straw tick, naked, and it was actually making the noise complained of. I asked for a blanket, wrapped it up, and placing it in the nurse's arms, she carried it from the room. I then said to the doctor that there would be one or two slight pains in about half an hour, but I thought he could attend to them as well as I could. I bowed myself out of the house, and jogged my way homewards, thinking what strange things occur in the life of a man who has devoted his thirty-five years to the practice of medicine.

"I subsequently learned that the patient made a rapid recovery, notwithstanding one lobe of her liver passed half an hour after I left, with a halter attached to it, two and a half feet long."[22]

Dr. Pettyjohn wrote of "Some of the Effects of Constipation on the Nervous System"[25] in 1894.

A patient mentioned in the subsequent discussion, following, as he doubtless interpreted, the direction of Dr. Clark to take "Hunyadi water in large doses, poured in the contents of the third bottle in order to get results." He was "fifty-five, well preserved" and a "good liver" but with an apoplectic tendency. On one occasion he had been rescued from a seizure by the use of the lancet, after a priest was discovered in the act of "adminstering extreme unction." After the above mentioned intemperate imbibing he seems to have been in a fair way to "elimination," being found, "his face toward the grate and in an unconscious condition," but revived. This opened Dr. Clark's eyes to "the connection between chronic constipation and hyperemia of the brain"—connection that many a post-climacteric constipated one will admit and who will probably agree with Dr. Vaughan that, "when the man took the three bottles of Hunyadi water, he did practically what Dr. Clark did first, when he bled the man . . . He probably withdrew some effusions" (to say nothing of effluvium).

And bound-ups will also concur in Dr. Pettyjohn's view that constipation was never cured by medicine.

At the hazard of cheapening the "service" of public weal enthusiasts, our esteemed associates (dare we call them confrères), the American College of Surgeons members, the following observation of Dr. F. Gundrum of Ionia is timidly introduced: It is contained in "Observations, Chiefly Clinical, on Anomalous and Obstinate Fevers."[4] It reads, "We do not wish to detract from the man who, with brave heart and a skillful hand snatches a life from the rapids which so surely and swiftly are carrying him into eternity. Such names are not to be forgotten,† but let us also hear from men in the great army who fight death day and night, who quietly and unostentatiously do a good share of this fighting. The physician who carefully, judiciously and safely carries his patient through a course of fever of the more dangerous kinds should rise and tell his experience occasionally, but if he cannot add a large stone towards the erection of the clinical edifice, let it be a small one—it will help to build just the same."

Seriously, the article is mighty interesting and full of therapeutic suggestion; but the reviewer must be limited to brief excerpts. "Before leaving the house, November 29, her stepmother said, 'Doctor, Lizy is getting tired of her sick diet, what shall we give her?' I answered, 'Oh, most anything.' In two days my patient smarted for the careless answer. The old lady gave her some cold slaw and cheese at noon and an apple dumpling at 5 P. M., and at 6 P. M. we received a telegram to come and see the patient. A gentle emetic and Seidlitz powder unloaded the alimentary canal, and the patient went nicely again. This patient in the course of six months was able to do light housework and now is healthy and does all her work."‡

"Sarah F. was indeed a puzzling case in many respects. I have not the least doubt but what this girl's sickness was produced by surroundings. To eat and sleep between a large privy and hog pen and horse barn, and over a pile of decomposing vegetation is excuse for any disease."[4]

"A healthy, blooming girl of fourteen, previous to February, 1878, came under the observation of Dr. J. G. Johnson in Detroit, in April. She had suffered intense paroxysmal pain in the pit of the stomach, each seizure lasting for a few seconds and "followed by great rumbling or borborygmi of the bowels, sufficiently loud to be heard in distant parts of the house." There was constipation; also irregular, and then cessation of, menstruation. Treatment by the electric current and pepsin, bismuth, and strychnine was ineffective. In May there was vomiting "explosive in character—large quantities of fluid of fetid odor being discharged without previous nausea." The appetite disappeared, emaciation followed and death occurred in the succeeding month.

The partial and superficial post-mortem examination allowed revealed intestines healthy in appearance, distended with gas, mesenteric glands enlarged and degenerated, liver softened and yellowish in color. Microscopical examination by Dr. Chapoton showed fatty degeneration of that organ.

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†No danger.

‡In those days there were no automobiles or movies, and time was available for such sordid pursuits.

"The doctor's theory of the disease was that the pressure of these enlarged glands upon the solar plexus interfered with the proper innervation of the parts."[4] (Academy of Medicine Transactions.)

This clinical episode occurred before the days of psycho-analysis. At a much later period, in such a case it is probable that the Michigan Freud phalanx would have been vociferously paged.

Dr. Johnson reported to the Academy of Medicine at a later meeting "A Case of Tabes Dorsalis Spasmodica," named thus by Charcot and said to be due to sclerosis of the lateral columns as opposed to the ataxic form in which the posterior columns are involved.[4]

Dr. Inglis showed to the Detroit Academy of Medicine (August, 1878) two suppositories not made in Detroit, one of which was fresh from the box, whilst the other he had taken that day from a vagina, where it had been for three and a half weeks. There was hardly any difference between them except in the amount of discoloration.

Cold reception this for a suppository.

In both the axilla and vagina the temperature of a malingerer ran very high, on one occasion reading 108.8° F., and "the moral of this case is, that in taking the temperature of hysterical patients extra precautions should be observed against trickery." The tricksteress would "strike the lower extremity of the thermometer with her disengaged hand."[21]

Here was the fitting locus for testing the solubility of suppositories.

After the discovery of twenty-six cases where substances were left in the abdomen after operation, most of them sponges, "but the monotony varied by the inclusion of forceps," Dr. Mulheron suggests as a surer prevention than counting "that the operator fasten his sponges and instruments to his person by means of chains and padlocks."[21]

"Misery," he (Dr. B. W. Richardson) maintains, "is the negative of felicity, and no man has felt misery in the head, the seat of sensation being in the lower ribs and hypochondrium . . . Be happy, and you give the tendency of the blood to your sympathetic ganglia."[21] ("The Center of Happiness.")

It is, therefore, utterly unphysiological—a custom in Los Angeles—of swinging the arms during the recitation in unison of "Laugh, Happy, Joyous, Faith, Trust, Joy, Free, Easy, Perfect." This must, obviously, divert more or less of "thicker than water" fluid to the muscular apparatus.

Dr. George E. Ranney said in the annual address (1888) before the Section on Obstetrics and Gynecology, "that he who cannot use a pessary without doing harm, should of course abandon its use, but he should not criticise those better qualified than himself."[25]

In exceptional matters he might have been indulgent but evidence of this rarely came to the attention of the reviewer (C. B. B.).

Indeed, in this address, excellently prepared, he "digressed to show that, either by the use of electricity or other treatment, fibroid tumors lessen, or disappear, and that care should be taken not to 'filch from Nature's good name' by arrogating to ourselves the credit," etc.

In the discussion, Dr. Shepard expressed himself as, mainly, pleased. Dr. J. B. White of Saginaw approved of pessaries used in parts, "properly prepared," but said if you "put shoes onto sore feet you make them worse." Dr. Carstens was "not very fond of" them, and Dr. Herdman defended electrolysis. He had found *as a rule*† that those "who have been engaged in gynecological work are somewhat deficient in their knowledge of what are the supports pertaining to the pelvis."

And he got away with it.

Speaking of pessaries, Dr. Beverly Cole of California, discussing a paper by the renowned Dr. Munde of New York, said, "the Hodge pessary was the first one invented which showed any knowledge of the anatomy of the female organs."[4]

Dr. Hodge lived from 1796 to 1873.

Dr. J. R. Jones of Detroit reported to the Detroit Medical and Library Association of 1885 the "case of a woman, aged seventy-six, who for nine years had worn a wooden ball—as pessary—she herself having inserted it." It was 2.5 inches in circumference, and the doctor "had great trouble in removing it."[21]

Dr. C. Henri Leonard assured his auditors at the 1886 meeting of the Michigan State Medical Society that while the title of his paper "seemed a little loud" there was "no concealed dynamite about it, and no explosion is to be feared."

The title of the paper was "Vaginal Torpedo," and its use, the introduction of various powders into the genital canal. He wrote of it as "a positive boon to suffering and fastidious feminine humanity."[25]

Dr. E. G. Minar removed a crochet hook about five inches in length from the fallopian tube of a French woman aged thirty-three years.[25]

Fancy work was in fashion at that period (1889).

Dr. J. N. Martin of Ann Arbor wrote of "The Female Perineum." The paper is creditably illustrated. Cuts therewith and the illustration of Dr. Minar's crochet hook in the same number are exceptional features in this society's transactions.[25]

The following excerpts are from the *Medical Age* (Volume III, Page 93):

> "A secular contemporary in referring to a report in the *Medical Record,* of a doctor who lost three eyes by panophthalmitis, regrets the circumstance chiefly on account of the extreme rarity of three-eyed doctors. In view of the fact that this was probably the only specimen of this *lusus naturæ* living, it regards the accident which resulted so disastrously as a public calamity. We think our contemporary is hypercritical. Although the doctor lost three eyes, it by no means follows that he was a three-eyed gentleman, inasmuch as

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†Italics are the reviewer's.

it is not stated that he lost all of his eyes. He may have had several more, and was, therefore, not the kind of monstrosity which our secular friend supposed him to be."

"The announcement of a Yankee 'Diploma Mill' reads:

"'The janitor will meet all the daily trains from the first of October, and will have a badge on his hat. He will bring you direct to the college and will attend to your baggage: will furnish a free ride to those who matriculate at this college. Do not be misled. Come, and do not listen to a single drummer until you visit us.'"

"An affectionate, and withal ingenious Philadelphia wife, has devised a plan for keeping her husband, who is a club man, in o' nights. She treats his underclothing to a dose of croton oil, and, as a result, the dearly-beloved has during the year through which her experiments have continued, not mingled with other society than that of his own household. The secret was too good to keep, and, true female that she was, the wife took another of her sex into her confidence. Publicity, of course, soon followed, and now the dear woman has a divorce suit on her hands."

"A correspondent of the *Weekly Drug News* writes of a patient who wanted 'some more of them pills, but would like them in some other form, as it was such a trouble to pick the shells off.' He had been taking quinine in capsules."

"A sponge measuring 8 feet in circumference has been taken off Key West, and is said to be the largest in the world. *The Druggist's Journal* says it is not so tall as many it has seen around beer saloons, but it absorbs more water."

Pedigree, Prestige, Obstacles, and Overcoming "Wide and Varied"

Dr. Malcolm C. Sinclair of Grand Rapids, born in Ontario in 1850, "can clearly trace his genealogy back to the celebrated clan Sinclair, so noted in early Scottish romance and history, and he takes just pride in the fact that one of the knights selected to accompany the good Sir James Douglas, in performing the sacred duty of bearing the heart of Sir Robert Bruce to the Holy Land, was a Sinclair, of Rosslyn."[3]

Dr. Sinclair graduated from Hahnemann Medical College, Chicago, in 1873; was prominent in the organization of the College of Homeopathic Physicians and Surgeons of Grand Rapids and its first president; was one of the founders of the *Medical Counselor;* was on the Board of Censors of the Detroit Homeopathic Medical College, and president, in 1899, of the Michigan State Board of Registration in Medicine.[3]

It was a fitting sentiment, that assigned to Dr. A. I. Sawyer of Monroe, the combative advocate of homeopathy (*See* "Controversies"), "The light shineth in darkness and the darkness comprehendeth it not," for response at the celebration in 1871, in honor of the veterans of the War of 1812, and it may be regarded as a good gamble that he made the best of it, although his doubtless glowing words are not recorded. A stroke of militancy was added from the fact that the grandstand from which he spoke was constructed from timbers acquired from his sometime residence, "the building in which General Winchester had his headquarters at the time of the celebrated battle and massacre of the Raisin, January, 1813."[15]

Dr. Sawyer had the "proud satisfaction," in 1877, "of occupying the same platform with the old school faculty, with the president of the University of Michigan, and witnessing the graduation of the first class from the homeopathic department he was so instrumental in founding, [which] has already secured an everlasting foothold."[15]

This was in 1890. The footing has slipped a bit since that time.

Dr. William H. Ross, born in Canada in 1845, was an apprentice in the blacksmith's trade in 1863, and studied medicine with Dr. Barnhart of Schoolcraft. He was later engaged in mercantile lines and in 1873 was proprietor of a hotel and drug business in Hersey; he was also under-sheriff of the county.

He began practice in 1880 in Grand Rapids, but the better to fit himself for one "wide and varied" he took courses in Hahnemann Medical College, Chicago, Pulto Medical College, Cincinnati, and Eclectic Medical College, Cincinnati, post-graduate at Chicago Medical College and special instruction in eye, ear and throat diseases and obstetrics.[3]

In view of such painstaking preparation it would seem to go without saying—although it is said—that "in the treatment of inflammation and all constitutional diseases, he is without a peer in Grand Rapids" (in 1900), that "delicate surgical operations, and the relief afforded numerous sufferers from complicated rheumatic difficulties, place him in the front rank . . ." Nor is it improbable that he "is a man of scrupulous integrity, and no unworthy act has ever been charged to him professionally or otherwise."

The father of Dr. La Dor Marvin, of Grand Rapids, "was one of the first physicians in western New York to champion the new system of therapeutics, his mother still continuing a limited practice after her husband's death."

He also had two brothers "prominent physicians of the new school."[10]

Dr. Jason P. Safford of Caro was "after two years' close and arduous study" graduated from Detroit Medical College in 1874. He "sojourned" in Plymouth for ten years, there "gaining a thorough practical knowledge of medicine and proving by experience the utility of various professional theories."[24]

"As a physician he is unusually quick in his diagnosis of cases, skillful in their treatment, and when once thoroughly known, he is most valued and esteemed by high and low."[24]

It will be noticed that nothing is revealed about "Jack and the Game." A life "quietly and unostentatiously devoted to the doing of good" is certainly worth while, but what "a practitioner of Christian Science" is doing with diagnosis is less obvious.

"There is an invincible trait in Scottish character that always saves itself from embarrassing and untoward circumstances."[24]

The above is quoted as being a possible explanation of imperviousness to current and flippant jokes about thrift.

There is "tenacity of purpose about them," continues the biographic sketch of Dr. George Reid of Reese whose practice was in 1892 "so extensive," so "large and lucrative" that he was "unable to do justice to himself or his patients" and compelled to take in a partner.

It was not a matrimonial partner, either, he having "had no inclination to leave the bachelor ranks" and being of a "modest and retiring nature," although "still popular."[24]

Dr. Louis Barth was said, in 1900, to devote "more hours to practice than any other physician within the bounds of Grand Rapids, and it is not an exaggeration to say that his patronage is enormous."[3]

"The doctor is a generous hearted man and often devotes his attention to the cases of the poor patients for the sake of science as well as humanity. . . . At the meridian of life he has acquired a competency . . . and despite, also, of all rivalry and traduction, has secured for himself a professional and social standing in the City of Grand Rapids second to that of no man."[3]

Dr. C. P. Brown of Spring Lake, a graduate of Hillsdale College and Rush Medical College, who came to Spring Lake from Hudson in 1871, encountered at the beginning of his practice "numerous and varied obstacles, but they only tended to increase his energy and strengthen his determination to succeed, and he has done so to a remarkable degree."[16]

Whatever the unspecified "obstacles" might have been, the present generation of young and struggling will doubtless be heartened by the record of their overcoming.

Dr. Josephus Goodenough located at Armada in 1858. Being "a careful practitioner and having accepted the eclectic theory that nature is the best restorer, he endeavors to aid her by placing his patients in proper condition without unduly weakening them."[23]

Clarkston patients had the advantage of the above regime after June, 1872.

Dr. Jacob DeCou of Orion took in 1874, "a course of study in the Detroit Homeopathic College, making a special study of cancers. He is the originator of his own special method of treatment, which after fifteen years of practice has proven wonderfully successful."

He moved from Detroit in 1888 "to escape the malarial influences of the large city." His method is "purely medicinal" and the only one "by which large blood vessels can be severed without loss of blood to the patient."[23]

Inasmuch as "his patients come from all parts of the United States" (this was in 1891) it ought not to be difficult for present-day cancer investigators to learn the "method" and acquire illumination of their understanding.

Dr. Abner Hayward, born in Rhode Island in 1829, attended Hillsdale and Michigan Union Colleges and taught school for six terms. Notwithstanding these cultural advantages and attendance on medical lectures at the University of Michigan, 1859 and 1860, "having his attention called to the homeopathic method of administering medicine, he became convinced of its superiority, and after having practiced medicine four years at Aurelius, he attended lectures and graduated from the Homeopathic Hospital, Cleveland, in 1866." He built up a fine practice in Romeo "where allopathic opposition was so strong it was supposed a homeopathist could not live." Later he moved to Mt. Clemens where like success rewarded him.[14]

Dr. Hayward bound up the wounds of the afflicted boys, Drake and Rattman, injured by the "careless use of gunpowder" near Mt. Clemens in 1873. This accident, which happened on the twenty-eighth, was probably due to a hold-over from the Fourth. Patriotism "cut a big figger" in those days.

The patriotism of Dr. William J. Duff (1856-1922) of Port Huron never fell below 100 per cent, so declares the writer of an obituary notice.[19]

Dr. D. J. Zudeznse "who stands at the head of his profession in Sparta, Kent County, is a graduate from the Rush Medical College of Chicago, Illinois, having been prepared in the study of medicine in England, whence he came to the United States in 1875."[3]

His graduation was attended with "high honors." The lucrative practice, which in 1900 was "still on the increase," must certainly have been promoted by the example of his family and himself living "fully up to the strictest moral teachings."

He who moves at a not too rapid pace, carving out his own destiny as he goes along, may be comforted in the running to read that "Dr. Robert Gibbs, botanic practitioner, and a self-made man, is postmaster at Six Corners" and "keeps also in connection a good stock of groceries and drugs."[16]

He was born in 1818, and the above record was made in 1882. At the time of this writing (1929) it is suspected that the chain stores have put him out of business.

Dr. A. H. Kimball (1850-1894), born in Corinth, Vermont, received his M.D. degree at Dartmouth, was a post-graduate student at Bellevue Hospital and New York Post-Graduate School, and came to Battle Creek in 1883.

He was "esteemed as a man of scholarly attainments and honorable in his profession."[25]

Be it recorded that once, at least, in history a doctor, *called upon* to discuss a subject, failed to respond with the goods—good, bad, or indifferent as the case might be. This was Dr. Best of Grand Rapids who briefly said, "This is out of my department of work," and that "such operations as these we trust in the hands of our worthy and well qualified gentlemen."[25]

"Dr. George C. Pease died at his home in Fulton, Kalamazoo County, January 25, 1895, at the age of forty-nine years. The cause of his death was said to be heart disease. He enjoyed a good reputation as a physician and was much respected in the community in which he lived. 'He had not reached on life's highway the stone that marks its highest point, but being weary for a moment and using his burden for a pillow, he lay down by the wayside and fell into that dreamless sleep, that kisses down his eye-lids still.' "

It is gratifying to be assured that when, in 1891, after graduating (1884) from Kansas City Homeopathic Medical College, Dr. Charles D. Black returned to Akron, Tuscola County, he found both of his parents "in possession of all their mental faculties," although the father at eighty-six and the mother at seventy-six needed the "comfort and care of their son." Five of the children of their family of eight were living and apparently prosperous, one the holder of an office in the Cleveland administration.[24]

The mother was a Seventh Day Adventist and an "earnest believer in the doctrines of Christianity," but the faith of the father is not revealed.

Dr. George Simenton was, in 1892, "not yet bowed down with the weight of years." However, he was born in 1863 (and at the present time . . . but we'll let that pass. C. B. B.) He was graduated at Toronto in 1885 and immediately thereafter located at Kingston, Tuscola County.[24]

"He has an extensive ride in the country to many patrons." To the present generation this will read like Sanskrit.

Dr. George A. Williams of Bay City "had headquarters in Whitney's drug store in 1875 and thirty years afterward still enjoys good health, his share of the county's practice, and the reputation of being a capital entertainer and a proficient linguist."[7]

Much might be written in praise of the drug store environment. Everything is there obtainable, particularly in recent years.

But hold!

Where might one obtain pichi for cystitis, if wanted, the present writer "asks to know."

Dr. Rusby says, "I hope for very good results from the new remedy, pichi. My faith in it is based on sound scientific principles, as well as on popular reports and reports from physicians in good standing here who regularly prescribe it. I forgot to mention that pichi is accredited with other properties besides those mentioned; among others, one of very great importance, if true. There is, I believe, no remedy known which has any effect in hydatids of the liver, in sheep diseases, piriguines, which I believe is the same thing. Pichi is the standard remedy and is said to be a specific."[21]

"Inasmuch as the claim for pinus canadensis" (for the treatment of gleet) is made editorially, it is, of course, not done to advertise anybody's preparation. The fact that a special preparation is advertised in our contemporary is a mere coincidence."[21]

The father of Dr. William E. Bessey was a British officer in the War of 1812 but had brothers in the American Army during the same war, who settled in and about Philadelphia.

He was born in Canada in 1838, educated at Toronto and McGill Universities, and prepared for the ministry "but being unable to reconcile the multiplicity of creeds and doctrines extant," he "relinquished the study of theology for that of medicine." His writings on the "Origin and Unity of the Races," on "Ancient Civilization of America," on "The Antiquity of Man," "Ancient Egypt, a Colony of the Ancient Race of Central America," "The Builders of the Pyramids the Same as the Mound-Builders," et cetera, "evinced deep thought and evolved startling as well as valuable information." He lectured on the Jesuits in North America, on social economy, the homestead laws, and contended with the disposition to centralize capital.

He began practice in Montreal and was acting health officer of that city, but lost the position through a French uprising against the English residents. He introduced into Canada vaccination of animals, and was associated with the New York Life Insurance Company in a confidential capacity.

He came to Grand Rapids in 1899, and "devoted himself to surgery, metaphysical healing, and his specialties" (numerous and unrelated) "in all of which he has met with phenomenal success." He had "little faith in drugs," a peculiar "religious belief or philosophy" which like many another "philosophy" is for the most part unintelligible as recorded, but must have made high score with the women who are "possessed of greater capacity, having more organs" and "more registers in [their vocal cords] than the 'male companion,' " and with whom "the human race must rise or fall," she being "queen of the human hive."

He seems to have sometime held membership in sundry medical societies, Canadian and British, but as to American, the "Association of Official [*sic*] Surgeons" only. However, "former intimacy with the nobility of England, including Lorne, Lord Dufferin, Duke of Argyle and other distinguished personages" counted for something undoubtedly, and confirmation of this relationship is made by "letters in his possession."

The foregoing is garbled from "The City of Grand Rapids and Kent County Up to Date" (1900).

The doctor's "creed *rests*† in and is founded on Nature."[3] *R. I. P.*

Dr. H. O. Hitchcock stammered and in emergencies could not trust his articulation. One of his patients told the writer he accompanied those bearing a serious case on a stretcher, and on the march enjoined them to use care by singing, "Gently Lord, Oh, gently lead us."

The Obituary Muse in Action

In the entire realm of poesy few as touching tributes to the dead have appeared in print as that concerning the wife of a Michigan physician. There are twelve stanzas from which the following wholly inadequate number has been pried out. Unfortunately the source of these pathetic lines is forgotten, but in the absence of reference, the reader must be content if he or she can muster up sufficient fortitude of the abdominal quality, with the assurance that the quotation so far as it "has went" is veritable—believe it or not, *cela m'est egal.*

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†Italics are the reviewer's.

"It was long before twilight
On Friday that day;
The news had been scattered
Far, near and away,
That ———, our darling,
Had just passed away.

"She was willing and ready
Her task to perform,
And never did shrink
Though not very strong.

"Rev. ——— was sent for,
Our pastor of yore;
And preached just as beautiful
As ever before.

"The song so appropriate,
By ——— sung;
Will long be remembered
By everyone.

"Only a few years
Here did she stay;
When the Master called,
And she went His way,

"To dwell with the angels,
In mansions above;
Prepared by our Savior
With tenderest love.

"She was only a lamb
From the Sheperd's [*sic*] fold;
Now with the flock
Where there is no cold."

There is room in this publication for but two stanzas of a tribute, containing nine, to the memory of a physician.

"We know he died, yet he lives again
Away from suffering and pain
In some bright clime
"'Twas only the casket they laid away
The form we loved that was only clay
Which God will raise at some future day
In his [*sic*] own time.

"Then trust in Jesus, dry your tears
He is better far than all our fears
It is all right
"No pain can come to ——— there
Temptation can not come, nor care
No shadows in that land so fair—
No gloom of night."

There seem to be minor inconsistencies in the text. "He [the doctor] lives where the redeemed stand" appears eminently reasonable, although "God keeps his plans from mortal sight."

However, far be it from one of this noble profession to doubt or cavil. Let's let it ride.

The Law and Organization

"Suppose we had a law," writes Dr. James A. King of Manistee in a paper (1889) on what might be termed "Utopian Eugenics" "requiring the election in every county, of an examining marriage board . . ." to examine into the qualifications of each applicant for marriage, and report, with a recommendation "Yes" or "No" through the state board of health to the governor, "who should have power to refuse or grant marriage licenses."[25]

He did "not take time to consider" details. This reviewer feels pressed for time, also, but cannot avoid supporting the motion for the "law." If there is a law lacking on any subject, let's supply the deficiency by all means and cherish the fond hope that withholding a license will still mutual yearnings and prevent get-togethers for the purpose to which propagation is closely related.

Dr. King's paper has cultural values. Quotations therein appear from Fawcett, Shakespeare, Arnold and Tennyson.

"Organizing" and scattering activities are no new features of the national life. Dr. McGraw said: "I declare, when I consider the great number of charitable organizations in this city, and the vast sums spent in unnecessary buildings, when I see the reckless zeal with which pious and well meaning people urge the foundation of new benevolent enterprizes, and then consider the manifold and imperative wants of long established and deserving institutions which cannot be supplied because of the diversion of funds into new channels, I feel that the inconsiderate establishment of any new charity ought to be regarded not only as ill-advised but as positively wicked."[25] (Extract from president's address, 1888.)

In discussing "Duty of Government toward the Individual," Dr. Sidney I. Small of Saginaw wrote in 1897:

> "I believe it is a principle of common law that a man has the right to act in accordance with his own opinions so long as his actions do not work harm to his fellow-man; and, if the converse be true, then until human nature is very different from what it is now, it is necessary to have some guide other than personal inclinations; and the nearer to the individual the governing power is, the better will be the results.
>
> "Our state laws governing contagious diseases are so plain and well calculated to meet so fully each case, it seems to me the main thing now is to see them enforced. In laws relating to sanitation, more perhaps than in any others, in order to have them effective, there must first be created a sentiment in their favor on the part of the people.
>
> "There should be a frequent medical inspection of the schools whenever a case of infectious disease exists, and any suspicious pupil sent home at once.
>
> "A great deal is to be done for preventive medicine by the placing among the regular studies in our public schools physiology and hygiene, not to air some hobby, as the effects of alcohol upon the coats of the stomach or of tight lacing on the shape of the chest, but to give a practical knowledge of the entire system and how to keep it in the best working order.
>
> "In looking back over a quarter of a century's medical life, I can say I have seen more examples of deranged stomachs and injured health from intemperance in eating than from alcohol. Do not misunderstand me—I am an advocate of temperance, but I insist that the word shall carry its full meaning.
>
> "I think there are comparatively few physicians at the present time who do not regard consumption as contagious—mildly so perhaps—but distinctly contagious, and this being true the first duty of our government is clear, viz.: to instruct the people in the methods by

which the disease is spread, and by which it may be restricted—just what our state government is trying to do.

"But even with an efficient quarantine guarding our own coast, there are the British provinces and Mexico through which this noxious class could reach us, and without some arrangement whereby those coasts could be protected we should be driven to the maintenance of an inland quarantine as well."[25]

Dr. E. W. Jenks discovered as long ago as 1889 that "at the present rate of increase in the number of foreign immigrants, the elements which we wish most of all to preserve—the essentially American—threaten to be swamped." He would meet this by "the education of girls from a medical standpoint." By this he means "the drawing out of all the powers of the human being, moral, intellectual and physical."[25]

This is some contract, if anybody should inquire. After thirty-nine years' "drawing out," there are still indications that the bottom has not been reached.

Dr. D. W. Berdan of Cheboygan (1853-1894) graduated in 1877 from the Bennett Medical College, Chicago; practiced in Maybury, Monroe County, and subsequently in Detroit until 1883; graduated in 1884 at Bellevue, and that year opened a hospital at Cheboygan. In 1888 he resumed general practice.

"One of the most notable traits in Dr. Berdan's character was his charity for the poor."[25]

Storks and Others

Dr. J. H. Carstens looked up maternal impressions at one time, but, in discussing the paper of Dr. George E. Clark of Detroit (1888) on "Unique Monstrosities,"[25] did not reveal the results of his own impressions thereon.

Dr. Carstens need not have concerned himself with this investigation. Montaigne in the sixteenth century wrote the last word on the subject. "So it is, that by experience wee see women to transferre divers markes of their fantasies, unto children they beare in their wombes; witnes she that brought forth a Blacke-a-more. There was also presented unto *Charles, King of Bohemia,* an Emperour, a young girle, borne about Pisa, all shaged and hairy over and over, which her mother said, to have been conceived so, by reason of an image of Saint *John Baptist,* that was so painted, and hung over her bed."

Dr. William A. Hammond who was sometime surgeon in the United States Army and stationed at Fort Mackinac, Surgeon-General during the Civil War, and later specialist in neurology, New York, contributed to the *Detroit Review of Medicine and Pharmacy,* in 1868 (Volume III) a series of articles on the "Influence of the Maternal Mind over the Offspring during Pregnancy and Lactation." He writes with apparent conviction as to the determining importance of these impressions—a moot question at the present day. Nothing of a speculative character, as this, has ever been definitely decided, notwithstanding peals of thunder in the preface and index.

A memorial notice of Dr. J. H. Carstens (1848-1921) in the *Bulletin of the Wayne County Medical Society,* April 18, 1921, contains mention of the gratifying recollection of a dinner given to "Dad Carstens" not long before. He was known as the "Stork of Detroit," says the committee. He was graduated in 1870 and began practice at once. No one can think of him, declares the memorial, "other than as a man of sterling worth and fine character. Who does not remember his forceful words?" Dr. W. J. Mayo is quoted as saying of him, "And along comes my friend, Dr. Carstens, with a brick in each hand, and throws his brick and strikes the nail right on the head every time."

The annual address on midwifery and gynecology before the State Medical Society in 1888 was given by Dr. N. W. Webber of Detroit—the subject, "Uterine Displacements."[25]

He pays his respects to pessaries as follows: "The hard pessaries as devised by Thomas, Hewett, Gehrung and others, in this condition are more successful in being packed in office drawers than in vaginas." Where in those cases hard pessaries seem to be necessary "those made out of block tin or wires covered with celluloid so that they may be moulded . . . are preferable to those made as we find them in the shops."[25]

As to the "latest grasp of a puzzled profession . . . at the straw thrown into the stream by Alexander and Adams," he writes, "The Alexander operation is of too recent origin to speak positively of its benefits. That the insane rush for new operations has led the profession to perform it often unnecessarily, I have no doubt. . . ." Time alone can determine its "proper position as a surgical expedient."[25]

Dr. Walter J. Cree writes of the distinguished gynecologist and teacher, Dr. N. W. Webber: "Webber was a gruff looking man, but he had a wonderful, sympathetic heart and I have found him in consultation particularly nice to the young man. I always considered his brusqueness mostly bluff to override his finer feelings."

Dr. Mulheron recommends a "motto for the accoucheur, 'C. O. D.' "[22]

Dr. Charles Locock, Victorian obstetrician, was once toasted at a medical dinner as the "earliest friend" of the royal family, and it was suggested that he should bear the title "Lord Deliverus."[5]

Dr. C. Henri Leonard had used ergot—"first last and all the time" in tumors of the womb and "in all ways known to the profession," changing "from stomach to rectum, from the dermal method to the filling the vagina with the powdered drug." Thus he avoided in connection with other measures the use of severe surgical procedures. He oftentimes felt like "challenging the operative treatment as being criminally reprehensible."

It was Dr. N. W. Webber's "misfortune to have cases directly the reverse of those the doctor [Leonard] has treated." He cited cases in which "some operation to get rid of them" was necessary.

Dr. Carstens could agree with both the gentlemen. "If a man's mind is not so evenly balanced that he can study each case and treat it as it deserves and needs, he is not fit to practice gynecology, or obstetrics or medicine." He quoted a German warning and the compositor made him say "furor operations" for *Furor Operativus.*

Dr. Shepard endorsed ergot—"where the cases are adapted to it." Dr. A. F. Whelan's experience with it had been satisfactory through its tendency to pedunculate the tumor. Dr. Kellogg of Battle Creek, with unusual indulgence of a medicinal remedy, favored its use in connection with electrolysis, and Dr. Webber "did not intend to say anything objectionable."

The importance of the general practitioner in relation to gynecology is emphasized in the "Address on Gynecology" by Dr. W. H. Young of Nashville.[25]

Dr. Reuben Peterson reported the same year (1895) a successful abdominal nephrectomy.[25]

He was prophetic in the "Annual Address on Gynecology" to the Michigan State Medical Society in 1896. "Who can predict," he inquires, "the mighty advances in gynecology and abdominal surgery which the one hundredth anniversary of the American Medical Association will reveal? During the past half century these two branches of our science have been revolutionized, chiefly, I am proud to say, through the genius and industry of American physicians. It is not beyond the realms of possibility that these same qualities directed toward the solution of the problems of preventive medicine, will again revolutionize these departments during the course of the next fifty years."[25]

We have eighteen years to go. The Michigan automobile has yet time to lend generous assistance to this prophylactic accomplishment.

The automobile has indeed saved the world from tragic accidents such, for example, as that which happened to John Teats "in a strange manner," April 4, 1882. Think of the danger incident to "leading a fractious horse from the barn to the water trough," and let the reader felicitate himself upon the fact that he is living in a day of progress and is mercifully spared contacts with equines *enragées.* The horse made a "violent jump to one side. Then Teats dropped the halter and fell to the ground. He was picked up dead with a broken neck."

The "History of Macomb County" on the very same page also reveals that the house of Bruno Van Landerghem of Mt. Clemens was entered by burglars and that a two hundred dollar gold watch "and a sum of money the amount of which is not stated" were removed.

Such happenings would be impossible in the present golden age.

Dr. Walter P. Manton of Detroit was a great admirer of Sir Spencer Wells. In an article in the "Transactions of the State Medical Society," 1886, on "Some London Ovariotomists" he calls him "the father of modern ovariotomists" and says that at a future date his name will be "a familiar and honored word in every land where surgery is taught."

Dr. William Parmenter reported to the State Medical Society in 1886 a case of extra-uterine pregnancy treated by destruction of the fetus by the Faradic current.[25]

In a paper (1888) on "Treatment of Mastitis and Galactorrhea by Pressure,"[25] Dr. Geo. E. Ranney advocated bandaging with cotton cloth and gave the following quotation from the *British Medical Journal:* "Dr. G. E. Ranney, of Michigan Medical Society, in a paper read before the Section of Obstetric Medicine at the Brighton meeting of the British Medical Association, drew attention to the good results of pressure treatment, and I bring it before this Society, as the method I [Dr. Chas. J. Wright] advocate but does not receive much, if any, notice in the English or American text books."

In discussing it, Dr. J. H. Carstens spoke of the rubber bandage, but doubted whether in a case of inflammation any such treatment will have very much effect. He believed this was due to microbes or germs, but assured his hearers he had not "got germs on the brain by any means."

The "exhaustive paper" on "Treatment of Old Pelvic Adhesions" by the accomplished Dr. W. P. Manton at the same meeting, and remarks thereupon by Dr. Jenks, stole all of Dr. Carstens' thunder, which it must be asserted was a remarkable accomplishment.

The "previously engorged tissues" softened under the "manual manipulations" of Dr. W. B. Sprague, "gently performed." This led to Dr. Ranney's "How do you do that?" an inquiry which would have been unnecessary after the careful description later contained in Dr. Sprague's paper on "Uterine Massage." Gentle but persistent manipulation overcomes hyperesthesia. "Neuralgia of the ovaries and other organs, backache and headache usually disappear during a seance, so that the patient often says she feels perfectly well at the close." Moreover, he had "often observed a markedly sedative effect on the general nervous system, which lasted a few moments after the close of a seance and then gave place to a rested feeling." It seemed to him "immaterial whether we delegate [*sic*] these influences to the psychical or physical realm."

There was no attempt on the part of his auditors to determine the topography.

BIRTH CONTROL

If the learner wants to be a professor, Goethe writes of him:

"Ach, was haben die Herren für
Ein schwaches Gedärme:
Was sie gestern gelernt, tragen
Sie heute schon vor."

In unsophisticated other days there were published agonizing doubts and misgivings.

"Dr. Herrick of the *Michigan Medical News* recommends that doctors teach their patients how they may have coitus without danger of impregnation. He thinks this is the best way to put a stop to abortions. The dangers of preventative [*sic*] measures he thinks imaginary. What next?"[4]

Annie Besant was busy in "welfare work" fifty years ago. Her book on "The Laws of Population" is reviewed in the *Detroit Lancet* (Volume I, Page 716). From it, one may learn that "unchecked, all animals reproduce their kind too rapidly for the good of the whole. Man, as an animal, does this, and hence entails infinite misery, crime and suffering upon his progeny. Disease, war and starvation ultimately carry off the surplus": that by "intelligent regulation . . . evils could be avoided," and that "celibacy is suicidal." Her methods for "intelligent regulation" are not quite clear, the specific "one of the means for indulging in sexual intercourse and yet preventing . . ." not being definitely outlined. The reader is consequently left in doubt for a reply to the reviewer's concluding question, "Will the results be good?"

"Dr. Devendorf was delighted at the high morality of his friend, Dr. Mulheron" who regarded the prevention of conception a "society" and not an individual matter. "When a man and woman entered the marital relation they assumed certain duties to society," Dr. Mulheron had said, replying to Dr. C. B. Gilbert, who contended that if the practice of prevention of conception was unharmful—and he considered it was—there could be no reason against the practice.

The "angelic purity of the gentleman who had last spoken" (Dr. Stevens), Dr. Davenport continued, "was beyond criticism" and as for the gentleman who described the practice as homicide (Dr. Gibson), he would "doubtless go in mourning after an erotic dream."

Dr. Frank W. Brown favored "the application of morals and, where that is impossible, other expedients. It is this teaching of morals which are not observed which is so detrimental to the progress of humanity." He quoted Malthus and alleged that "pauperism is at the bottom of the greater portion of crime." He thought it "useless to tell people to abstain from sexual intercourse . . . This high moral business would not go."

Dr. T. A. McGraw "could not see any wrong in the prevention of conception," and thought the "medical press had taken a mistaken line in making the matter a medical question"; and Dr. Bonning "thought it was unfortunate for people to bring forth so many children."

Dr. Webber said, "It is a well-known fact that through sin sickness and disease come into the world. It is through breach of the moral laws that we have, as physicians, obtained our employment. It is a natural law which brings man and woman together for the purpose of cohabitation, and it is one of the natural laws to allow the results of that cohabitation to fulfill their course."

Dr. Carstens "thought the ground pretty well covered" (as it was).

Dr. Gilbert in closing "remembered being called to see a young man whom he found in a house of prostitution . . . his wife was cold . . . Had she known how to prevent conception she would have been able to have retained him at home." It was "a shame," was "absurd and ridiculous" that these matters should not be known.

For what the women members of the Detroit Medical and Library Association where this discussion took place in 1889, thought on the subject, *vide* chapter on "Women Physicians."

It seems "that the promiscuous indulgence of the sexual appetitie" constituted "A Grave Social Problem" as long ago as 1882.[4]

How gratifying that eugenists, birth-controllers, reformers and uplifters have solved this so successfully.

While the records "show that many monarchs (Charles II of England among them) have been guilty of base ingratitude to their physicians" Catherine of Russia's benefactions were evidently all embracing and not limited to those of a purely personal—a so-to-speak contactual—character. She "was royally munificent to Thomas Dimsdale whom she brought from England in 1762 to introduce inoculation against smallpox. For his services he received $50,000, with $10,000 additional for traveling expenses, a pension of $2,500 for life, a portrait of the empress and the rank of baron of the empire."

At an earlier period, proctologists were not, as they are, regrettably, at the present time, forced to beg from door to door. On the contrary they were "kept for life."

"The fourteenth century was not exactly hard times for doctors who cut fistulas. Sir D'Arcy Power quotes the following: 'Ask ye boldly, more or less, but ever be wary of scarce asking. For the cure of a fistula, when it is curable, ask competently of a worthy man and a great, an hundred marks or £40 with robes and fees of an hundred shillings for the term of life by the year. Of less men, £40 or 40 marks ask ye and take not less than an hundred shillings for never in all my life took I less than an hundred shillings for the cure of that sickness.' In those days, money was worth seventeen times the pre-war pound sterling or dollar."

That which appears between quotation marks in the above was extracted from the *Bulletin of the Wayne County Medical Society,* December 31, 1929, and it is also learned from the same source that "Socrates paid his bill"—a cock owing Æsculapius. The bearing of this on Michigan medical practice is plain. They don't all pay. (*See* discussion at the September, 1929, State Medical Society meeting.)

To paraphrase—

Let them pay who have the price
And keep it if you can.

Further Pertaining to the Sphere of Sex

In a review of "Plain Facts about Sexual Life" by Dr. J. H. Kellogg of Battle Creek in the *Detroit Lancet* there is featured the important and wise statement of the author, "Few are aware of the influence upon morals exerted by that filthy habit, tobacco using. When acquired early it excites the undeveloped organs, arouses the passions, and in a few years converts the once chaste and pure youth into a veritable volcano of lust, belching out from its inner fires of passion torrents of obscenity and the sulphurous fumes of lasciviousness."

Here it is plainly and plausibly put over. It wasn't "the war" after all, as the ignorant have supposed, but Lucky Strikes, Camels and Plug that have brought about the intolerable present-day conditions. Had the public only harkened to this and to an "interesting case" of Dr. Hal C. Wyman reported the same year on "Impaired Coördination from Tobacco Poisoning"[4] a succession of evils might perchance have been escaped.

Dr. J. H. Kellogg reported seventy-three cases of Alexander's operation to the State Medical Society in twenty-one pages of its Transactions for 1889. "Space does not permit me to speak," he writes, "as I would like to do of the after-treatment of these cases."

It seems that resistance is determined not through habit strengthening, developed by the practical man, but through idealism. The experience of Dr. Eidelos is cited by the *Michigan Medical News* in confirmation of this view. He called to pay "a visit of courtesy" to a lady patient in whom with returning health the "fires of passion burned afresh," who "stood against the door barring his exit and invited him by word and look to her embrace."[1] He smilingly, gently and firmly opened the door and made a get-away. She later expressed the opinion that he was not a "practical man." His confrère, Dr. Praxis, "would have been more accommodating."

Those who would learn more of the goings out and comings in of these divergent characters will find "You bet" in the vocabulary of Dr. Praxis.[22] However, it was not, at that remote period, employed by soda-jerks and saleswomen as the equivalent of "You're welcome."

Dr. G. V. Voorhees of Coldwater hesitated about using tampons in the vaginas of young girls, but supposed, if we are unable successfully to treat them by medication, it would be perfectly right and proper "to subject them to local treatment, although every honorable physician hesitates about doing so."[25] ("Artificial Repression of the Menses.")

Twenty pages of the Transactions of the State Medical Society, 1888, are devoted to a paper by Dr. J. H. Kellogg of Battle Creek on "Experimental Researches Respecting the Relation of Dress to Pelvic Diseases in Women."

Civilized and uncivilized, the Chinese and the Indians of the United States and Mexico were under contribution, lying, sitting and standing. The mercurial dynamometer, electricity, the corset and tight bands, stays and "sundry other contrivances," short bark aprons, respiration, intra-pelvic pressure, the uterus and round ligaments, especially the latter, are profoundly and adequately discussed. He sees no reason why the woman should be regarded the weaker vessel. Experienced horsemen have assured him "that mares are superior in endurance to horses of the same size and breed," and in Italy he saw a cow holding her own "with the rest of the team."

Dr. Leonard of Detroit in discussion amplified a bit on the round ligament, the action of which "was quite an important one during copulation as to placing the mouth of the womb in the "seminal lake," and Dr. Ranney remarked that "Solomon said that there is nothing new under the Sun."[25] [*Sic.*]

Dr. C. Henri Leonard's curiosity concerning a newspaper story led to the discovery of "A Case of Early Pregnancy."[25] It occurred in a town in Michigan in 1887 in the person of a girl aged twelve years and two months who had an amiable cousin of the opposite sex, ten years her senior.

In 1869 one Dodge of Jackson County killed himself because his wife refused to live with him. With the same gun he attempted to bump her off (so to speak) also, but she "was placed under the care of Dr. G. Chittock and ultimately recovered."[12]

"The *Cincinnati Lancet and Clinic* traces 'flowers' as a synonym for menses, to the Sanscrit, that function being known to the Hindus as *pushpa,* which means a flower, the pollen of the flower and the menstrual secretion having the same appellation. This conception of the menstrual blood as the 'fructifying medium' is another illustration of the early erroneous physiology."[21]

"Thirteen centuries before the birth of Christ, Semiramis, a woman, did a large business in removing testicles from the human male. She was a sort of an ancient, but reversed, Battey. Her victims were male overseers and guardians, the removal of the organs making them more tractable and obedient,—just as the gelding is more tractable than the stallion. It will be hard lines for the future man should the future woman, when she gains dominion in surgical science, undertake to retaliate for the liberties which surgeons of the present age are taking with the contemporaneous woman's ovaries. She will, doubtless, find little more difficulty in tracing the nervous affections which afflict men to this troublesome organ, than her male predecessors did in tracing similar affections in the woman to her ovaries."[21]

"Extensive and serious adulterations in cubebs are reported. The *Medical Record* urges this fact as a strong argument for chastity."[21]

" 'Le Faiseur d'Hommes' is the name of a novel recently issued (1885) in France. The romance is nothing more nor less than a plea for artificial impregnation. The *dramatis personæ* are a count and countess who have been blessed with no olive branches, a scientific physician and an abbé. The details of the process are entered into with a minuteness better suited to a work on gynecology than to a popular novel. The result is a success: a son is born in due season, and he is afterward known at court as 'the child of the syringe.' Gaillard's *Medical Journal* thinks, 'son of a gun' would have been a better name. 'Son of a squirt-gun' would have been still better, in our opinion. But why cast a slur on the boy, because he was thus conceived out of the usual way? Ought he not rather to be respected as a living monument to the genius of progressive medicine?"[21]

"Just as he had demonstrated the *modus operandi,* by making an imaginary amputation of the prepuce, the future wife, who had been a concealed but interested listener and spectator, rushed on him like a Fury. 'No, sir,' she emphatically declared, 'you shall cut off nothing.' As she was such an interested party, the doctor deemed discretion the better part of valor, and beat a hasty retreat."[21]

Discussing the observation that "amputation of the tonsils for the cure of chronic tonsillitis was sure to destroy virility in a man," the *Michigan Medical News* inveighs against pooh-poohing the possibility and asks for facts bearing on the question.

On the appearance of this, an organization for fact-finding should have been effected and a questionnaire issued.

Questionnaires, however, were not at that period of frank speaking so essential as in the present age of reserve. A doctor reveals his own happy experience after tonsillotomy which seems to justify the claim "I regard my virility as still O. K."[22]

The reviewer had quite forgotten that questionnaires were not unknown in 1885. Dr. A., writing on diarrhea, inquires, "How many cases of diarrhea have you seen in your ten, twenty, or forty years of professional life? Was heredity a factor in the production of the disease? If your answer is negative, do you not believe it might be in some cases? Do you believe microbes are the essential cause of the disease? If green apples were the exciting cause, specify the number, kind, and size of the apples; if the disease was attributed to "teething," please state the particular teeth concerned. What were the thermometric, barometric, and ozonic observations made when the disease was most prevalent? Do you believe that the induction of premature labor is advisable in some cases of obstinate diarrhea? If premature labor be induced, would you use two ligatures or one for the cord? Please give the hygienic and therapeutic means which you have found most successful in the treatment of diarrhea. Have you ever used germicides in the treatment?

"This is, however, scarcely a burlesque after all, for we have seen it almost duplicated in sober, downright earnest. Some of the inquiries sent out by some boards of health, for instance, are quite as amusing, and scarcely more relevant. But the published replies answer an admirable purpose in swelling the volume of the 'Transactions.' "[21]

Apropos the once frequent "Battey's Operation," the *Michigan Medical News* (1880) inquires, "Who is there that will be the first to arise and remove the human testicle and thus divide the honors with him who first removed the human ovary? Here is an opportunity for fame."

Derelicts in 1928 who in their prime observed the furor over Battey and his works are entitled to the chuckle which reading the above stimulates.

One of the "aphorisms" promulgated by Dr. Battey was, "Always believe a young, unmarried woman of high social position and unimpeachable virtue, with abdominal tumor, if she has been watched over by a platonic and abstemious young cousin of the male persuasion while the mother went out, to be pregnant."[4]

He "sat down amid tremendous cheers." The question, however, as to "when is sterilization of women justifiable" was definitely settled late in 1919 by Dr. Reuben Peterson.[19]

It seemed to Dr. J. H. Carstens that "the paper so thoroughly covers the ground in every direction" that there is "nothing to discuss." With Dr. Carstens in this attitude, the last word had evidently been spoken.

It was a smart symposium (in 1894)—if one may say so as shouldn't, being a contributor thereto—on "The Relation of Gynecology to Psychiatry." Final words on the subject were said, as will be evident from mere mention of some of the participants, W. P. Manton, David Inglis, N. W. Webber, H. W. Longyear, J. N. Martin, W. J. Herdman, W. M. Edwards, L. W. Bliss. The annals of medicine scarce reveal anything of equal importance. Absolution is given by Dr. Martin to Drs. Longyear, Carstens, Boise and Peterson from any suspicion that they "unsex women" for other than legitimate reasons. These are not in the class with him who "if he sees a woman going along on the street and has an opportunity to remove her ovaries, whether diseased or not, he will do so." By no means, and it becomes "the duty of every member of the profession to educate the people of his community on this particular point."[25]

All of which was gratifying to a nameless one who discovered, therethrough, that we are nearer together than he had supposed.

"Batteys" were at that time in the psychiatrist's belfry.

"Lay Advice to the Profession" is the title of an editorial by Mulheron scoring an essay containing a prescription for ringworm of the scalp, emanating from the superintendent of the state public school. "Superlative impertinence," "unscientific character," "shoemaker attempts to get above his last," "we would suggest that some other of our institutions than our state public schools be commissioned to enlighten their [the profession's] deplorable ignorance"[22] are excerpts from this amiable article.

Speaking of watch-dogs, there was always one unleashed in the *Michigan Medical News* office. It emerged snapping and snarling when the superintendent's "excuse that his circular was issued merely to assist the keepers of poorhouses to detect the disease" was printed in a later number. This was discovered to be "specious in the extreme."[22]

"The Insanity of Pubescence" was discussed more or less learnedly by one C. B. Burr at the meeting of the State Medical Society, 1886.[25]

Concerning this Dr. Kimball, prison physician of Jackson, said he had found similar cases harbored in that useful institution. He graciously mentioned that the paper was "very interesting." After the flitting of forty-two years its interest lies in the fact that "there ain't no such animal."

SICK-ROOM "BULLETINS"

Apropos reports given out during the last illness of General Grant to which "certain of our contemporaries, notably the Philadelphia journals, are taking exceptions," the *Medical Age* with fine discrimination declares, "They maintain that such reports are a violation of the letter and spirit of the Code of Ethics. We are not disposed to argue the ethical bearings of this matter, but maintain that the raising of such a question under the present circumstances is a piece of questionable taste. *General Grant* is not the private patient whose case immediately interests the members of his family only. He belongs to the Nation and to humanity, and there is not a citizen of this country especially, whose anxiety and sympathy have not been aroused by this affliction. The people demand that his attendants advise them frequently of his condition; quite as much, indeed, as if the bond which unites them to him were one of consanguinity. The case is one which no hard-and-fast rule of ethics can cover, and the attempt to apply such rule to it would not redound to the professional good. It seems very inopportune to raise such a question under existing circumstances."

Familiarized as is the present-day public with bulletins concerning data from the sick-rooms of distinguished citizens such animadversion as above indicated is almost inconceivable.

In recording the death of General Grant in 1885, Dr. Mulheron wrote, "Had General Grant not been the man he was, he would probably have heeded popular clamor and placed himself at the hands of empiricists. His death would in that case have, probably, been more speedy, while he would not have enjoyed the euthanasia which it was in the power of scientific medicine to afford. Great in the vigor of his manhood, and placid and self-contained in the midst of misfortunes which would have shipwrecked the ordinary man, his heroic patience and imperturbable good sense in the face of the unconquerable foe will live side by side with the more showy qualities which lifted him so high above his fellow men."[21]

USEFUL NEIGHBORS

From the stories of Stanton Village and Sidney contained in the "History of Ionia and Montcalm Counties" it is learned that "at the first meeting of the board in the new building the members brought provisions and blankets with them." Steps were taken to provide for such emergency by securing "the services of Dr. Sylvester Derby and wife who lived near Derby Lake, in Sidney. Rooms were temporarily fitted up for them in the court house and necessary arrangements for cooking introduced."

Physicians and their wives have always been "present help in time of trouble." (C. B. B.)

Dr. Derby "was one of those characters sometimes met with on the frontier—a genius in his way. Besides being a good physician for those days, he was a gunsmith, could repair a watch and clock, and was, in fact, a Jack-of-all-trades. He subsequently went North, where it is said, after having moved for the fortieth time, he settled down and is now keeping hotel."[11]

Observe the symbolic number forty.

"Dr. John Bradish was also one of the first physicians in Sidney, and although his methods were peculiar and strongly given to superstition, he is considered, on the whole, as having been successful in his profession."[11] He moved to the West where he died.

Speaking of superstitions, "in 1838 a man named Byron was placed on the Circuit" (Climax township, Kalamazoo County). A revival convert "chose to be poured" in baptism, contrary to Byron's procedure of "sprinkling"; whereupon, "Byron dashed the whole contents of the vessel over him which ran down his clothes in streams upon the floor."

"A few years later, Byron turned Millerite and came back to the prairie, preaching the speedy end of the world. A man by the name of Moses Clark had recently held a series of meetings at the Methodist meeting house in which he preached the Millerite doctrines with great effect, creating a tremendous excitement . . . People came from far and near to hear him, and guards were stationed at the doors to announce the names . . . Prominent among the converts was Daniel B. Eldred who, in a business point of view, was literally ruined by the delusion . . . Drive it in," he said to a blacksmith who was fitting a linch-pin to his wagon and found it a trifle too large. "It will answer for three days. I shan't want it after that as the world is coming to an end."[13]

But Mrs. Yeomans of Ionia did not fall for the "Millerite" propaganda although the pastor of her church was a convert. "In one of the last meetings before the direful day her intense convictions overcame a naturally retiring disposition, and, rising in her place, she denounced the whole thing as a shame and delusion, disgraceful alike to a Christian profession or common intelligence."[11]

Directions for Food Intake

You must "eat slowly," Dr. J. H. Kellogg is quoted as recommending in "Dyspepsia, Its Causes." Likewise, you must refrain "from eating very hot or very cold food" and avoid drinking at meals. "Avoid exposure to cold after eating" and violent exercise before or after. Never eat more than three times a day, or "between meals," or when "very tired" or "worried" or with "temper ruffled," and eschew "complicated and indigestible dishes." It "is not good to sleep immediately after eating nor within four hours of a meal."[4]

The *Lancet* book reviewer expresses the heretical opinion that "it is not to be expected that all will accept the author's views unmodified," and the reviewer of the review moves to change the soldiers' interrogation, "When do we eat?" to "When, where, which, what, how do we eat?"

Replying to the critcism of Dr. Hazelwood of Grand Rapids that "the writer of the paper makes the discrimination somewhat by the old principle, that what is one man's meat is another man's poison," Dr. Pettyjohn, the author, said, "In my experience it does very little good to tell a patient what to eat, and furthermore, very little service to give the patient a diet to be used for any length of time."[25]

The practical application of the above is by no means restricted to diet.

VARIA

From the column "Tonics and Sedatives" in the *Journal of the American Medical Association,* January 12, 1929, comes the following:

> OUR BIGGEST MENACE
>
> *The Washington (D. C.) Star reveals weak point in our borders*
>
> The Mexican border is proving the leak for the bulk of alienists smuggled into the United States, George J. Harris, assistant commissioner general of immigration, testified during hearings on Labor Department appropriations.

As elsewhere mentioned, proof-readers have much to answer for.

> Theirs not to reason why
> Judgment or sense supply
> Theirs whirling words to "pi"
> Pi by the hundred.

Dr. Nathan M. Thomas, pioneer physician of Kalamazoo County (1830), "had quite a contest with 'steam doctors' which caused some prejudice against him for a time."[13]

The above is a new one on the reviewer who encounters this designation the first time after two and one-half years' search in old "sources." He would welcome enlightenment. (C. B. B.)

"Says a learned author—'Our ambitious medicos of the present day do not study the virtues of manner in their profession.' "[13]

The above was written before 1880 and has no bearing on present-day ethics. It is incorporated merely as a matter of "history." (C. B. B.)

"I found her with a bottle of pilules and a tumblerful of clear fluid covered by a saucer." Dr. Maclean expected to find a "grave pathological condition" but instead, came upon an "enormous mass of impacted feces." He writes that he is not enough of a "mathematician to calculate" how long it would have taken the "little pills and the colorless looking fluid" prescribed by a female homeopathic student to accomplish relief.[22]

To the reviewer it seems obvious that "the end in view" was better met by the more vigorous measures.

Dr. D. W. C. Wade had "no fear of cauterizing lightly a bleeding surface with a hot iron. No slough will occur." He had "never seen it followed by unfavorable results."[25] This was said in discussion of a paper by Dr. A. W. Nichols of Greenville on "Ovariotomy" (1889).

Dr. Horace Tupper of Bay City in a paper (1888) on "Repair ot the Bone after Amputation" said:

"We should in every case where it can be done allow plenty of flap for covering and,

"We should be careful how we criticize the result of other surgeons when we find a limb on which they have operated to be tender and dragging."[25]

Dr. Hendricks of Ann Arbor said that the conclusions had been demonstrated in a large number of specimens he had prepared for the University museum.

Dr. Grover of Big Rapids and Dr. Maclean approved of stitching a periosteal flap over the end of the bone.[25]

Dr. John M. Sumner was a farmer until reaching, in 1860, the age of twenty-four. "He began practice of medicine as the result of his own study and observation and is engaged in practice at the present time [1882]."

It is gratifying to read the foregoing in the "History of Macomb County" and to learn, furthermore, that "the doctor has a small farm in connection with his practice." This must have required some attention at least.

Samuel Denton was a member of the second convention on the Ohio boundary question held in Ann Arbor, December 14, 1836.[17]

Reform in judicial procedure has long been a dream of the enlightened. "Instigated by Dr. Denton and John Allen," a party marched to the polls in 1844 under the banner of "Reform," but their doubtless laudable undertaking was stigmatized as "judicial revolution," and came to naught. The words in quotation are from the "History of Washtenaw County," Page 556, the remainder of the paragraph from a much later pen.

"Israel Anns settled in Webster in the fall of 1826 and lived here about twelve years, when he sold out and moved to Livingston County. He was from Massachusetts."[17]

Dr. B. R. Edwards who came to Bushnell, Montcalm County, in 1853 was the first physician to locate there. He was still adhering closely to his profession—so declared one of the compilers of the "History of Ionia and Montcalm Counties"—in 1881 "and now lives on the south half of the northeast quarter of Section 32."

Writing forty-eight years later one is beset by grave doubts of the expediency of giving the foregoing information. It is more than likely that the entire section is now devoted to hot-dog stands and gasoline and "service" stations, and that a prospective patient would encounter difficulties in locating the doctor's office.

As to David King "who, with his wife—also young and with no adequate ideas of pioneer life" settled on the east half of the northeast quarter of Section 33," who may "from the services he rendered during his short stay here be considered the pioneer physician of Cato" (Montcalm County), no such embarrassment will be present as "he exchanged farms . . . and returned to Ohio."[11]

Dr. Jackson who "was the first physician to come to Home" (Montcalm County) settled on Section 26, remained for several years, removed to the West but "returned to Home where he died."[11]

There's no place like Home.

"Iman's Compound is now known as one of the leading medicines of the age" and "Angeline, a toilet preparation in a beautifully decorated bottle, is now known as one of the most desirable articles in that line and is used by thousands who herald its praises."[3]

For these preparations an all-too-frequently thankless and unappreciative world should be indebted to Iman Wisse, M.D., a native of Holland, 1854, who brought his "remaining child" to America and on reaching Grand Rapids (in 1879) had in possession a capital of eleven dollars.

"The laxity of the laws of Michigan justified his entering upon the practice of medicine," but he "did not at first confine himself to this." He "taught music, did clerical work or any other that was honorable." Medical study begun along with theology in his native land, was, however, completed at the College of Physicians and Surgeons, Chicago, with the usual "honors," in 1896.

" 'Promptness' became his watchword" after he *returned*† to practice, and "who is to pay?" cut no figure. "Assiduity met with its reward and now instead of 'eleven' he counts his dollars by multiples of thousands."[3]

The engraving accompanying his biography reveals smug contentment, unexceptionable tailoring and impressive, conventional, ecclesiastical, white cravat.

In his presidential address before the Detroit Academy of Medicine in 1879, on "The Enemies of our Profession" the then youthful and altogether admirable Dr. A. B. Lyons says, "It will devolve upon us, the younger men, to plan and execute further campaigns. Our older men are too busy with individual interests to help us much." He proclaims "Enlightenment, Freedom, Humanity, in its glorified perfection are our inspiring watchwords . . . Be a participant in the world's history, which the remaining years of this nineteenth century are to witness."[4]

A septuagenarian reviewer assumes the privilege of passing this along to the Boys of 1930.

In the discussion of a paper (1894) by Dr. Harvey J. Chadwick of Hart on the "Treatment of Epithelioma and Lupus," Dr. Vaughan, replying to a question of the author, "Now I diagnosed that case, as there was no history of syphilis, as lupus. Do you think I was mistaken in the diagnosis?" laconically said, "I should have no hesitation in saying that you were."[25]

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†Italics are the reviewer's.

It seems the patient was "on the eve of going down to Ann Arbor, or some other place and would spend fifty or sixty dollars . . ." whereupon Dr. Chadwick said to him, "I am no cancer doctor. I am a good honest country physician, let me tell it," and "applied a little piece of dough mixed up with a little chloride of zinc and stuck it on the side of his cheek. In two weeks that was cured and cured permanently."[25]

An interesting feature of this case is that "let me tell it" must have been sometime the equivalent of "I'll say it is."

Dr. W. J. Herdman's paper on "Solanum Carolinense (Horse-nettle) in the Treatment of Epilepsy" before the State Medical Society in 1894 evoked considerable discussion and, generally speaking, with the same "negative results" which the participants had undergone in therapeutic attacks on this disease. The one optimistic discusser was Dr. J. E. Wilson of Rochester who reported a case "not cured by me, but cured by my honesty, I guess." The mother submitted the case to "a gentleman of no great pretensions" who "introduced his finger into the anus and dilated it." There was "some little stenosis" and "now there was a case cured, gentlemen. No doubt about that."[25]

Dr. Frank W. Garber of Muskegon gave a paper to the State Medical Society in 1897 on "Purulent Pericarditis with Report of a Case due to Traumatism." Operation was evidently performed with skill and "uneventful recovery" followed. Dr. Tibbals of Detroit congratulated the operator on his courage, and Dr. Maclean didn't know when he had listened to a case "more interesting."[25]

Brain surgery was in swaddling clothes at the time a "Report of a Case" was given to the State Medical Society, in 1896, by Dr. Charles W. Hitchcock of Detroit. "Of all the triumphs of surgery during the last decade," he wrote, "none has been more conspicuous for real advance and as gaining new vantage ground of incalculable benefit to mankind than has brain surgery."[25] The case was due to trauma and there was resulting paralysis. Dr. Hitchcock trephined twice, first at the site of injury, later over the arm center on the right side—the latter operation advised by Dr. de Nancrede, consultant.

Dr. Hitchcock reported with the paper that the patient had "just returned to his former home to engage in light business", and expressed the belief that "under the old plan of treatment this man would have speedily died."

He wisely inveighed against a belief which a "somewhat prominent surgeon" had expressed that "probably 90 per cent of all cases of epilepsy were operable and should have the benefit of trephining." Dr. Robbins of Detroit was in an "extremely skeptical frame of mind" as to the relation of the operation in itself to the patient's recovery, and Dr. Fuller of Grand Rapids took exception to one remark in Dr. Hitchcock's paper for which he hoped to be "excused because it is in personal defense." "The credit belongs to me, if any is to be attached to it," said Dr. Fuller, "of being the first that attempted the cure of idiocy by surgical means."[25]

"A member" then inquired, "Were your idiots anything more than idiots after you had operated?"

Dr. Fuller: "There is no certainty that surgery is able to make a fool into a philosopher or even something less."

The witty Dr. Devendorf in a serious moment has furnished an example of what may appropriately be termed "incurable optimism." Here it is: "Let us not be too arrogant. No one system or school can possess all the truth; no system or school be entirely without error. Let us hold firmly those things whose truth has been established; let us be ready to give up and cast aside all theories, however dear they may be to us, if proven false. We are yet groping in the dark; facts which long years of experience have placed in our possession, clues that we have laid hold upon, seem sometimes to lead us in different and even contrary directions; but I am confident that in the future they will all be reconciled, for I believe that back and beyond them all there is one grand therapeutic law, *which will be revealed to us when life and its processes are no longer a mystery.*"[22]†

"At the recent annual meeting of the Kansas State Medical Society, the Executive Committee chose a lawyer to extend the inevitable address of welcome," writes Mulheron.[22]

Among other "wise cracks" were, "Another [physician] has retired from practice, and is now a principal stockholder and proprietor of a bank. Another is growing rich from the rents of his landed estate. Another has become fee-simple owner and proprietor of a baby . . . They will tell you, owing to the present healthy condition of the city, their business is now all under ground."

"Served them [the committee] right," is the laconic conclusion of Mulheron.

Professor C. C. Yemans, in a clinical lecture on "Sycosis" at the Michigan College of Medicine, spoke of a patient who came to him with the apparent fear in his heart that his beard would be taken out, but treatment was at first managed "so as to leave him a good pair of Burnside whiskers." Unfortunately for the patient, who in common with many of his confreres in the Victorian age set much store by his "brush," only the part of the skin from which he "pulled his beard" was found at a subsequent visit "entirely cured." Hence, "When that man comes to me a week after I have removed the rest of his beard, I expect his face will be entirely well."

There were dermatological difficulties in the eighties of which the present generation wots not. Conceive, if you can, the audacity which, under the circumstances, nerved the determined digits to this extraordinary epilation.

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†Italics mine. In the words of my wife, accustomed to corroborate the outgivings of our friend, Dr. E. A. Christian, however unreasonable they may be, "I think so, too." C. B. B.

In these days of mass production and standardization, individuality in the expression of disease seems to have largely disappeared.

Take for example, Dr. Connor's case, Dr. McGraw in consultation, where a nice bushy beard and thick brown hair began to disappear without deterioration in the general health; brown spots appearing upon the fingers and toes resembling those upon a brook trout—these extending and increasing in size until the body was covered with a thick brown pigment; only here and there a trace of a "minute sickly hair" on the surface; nails ceasing to grow and cornea opaque; lastly, a stoppage of both nostrils, for which deviation of the septum failed to account; with the general condition such that the patient was entirely well, able to pursue his business with ordinary energy.[4]

One can scarcely repress a sigh for the good old days when clinics were clinics (or cliniques).

The *Detroit Review of Medicine and Pharmacy* was evidently prejudiced in favor of other publications of like name. The music in the *United States Musical Review* "is of the best, as the following select list will testify, all of which has appeared in its pages during the last six months. 'Nora O'Neal,' 'Katy McFerran,' 'You've Been a Friend to Me,' 'Kiss Me Good-bye, Darling,' all by Will S. Hays; 'Good-bye, But Come Again' and 'Do You Think the Moon Could Have Seen Us?' by J. R. Thomas; 'Ally Ray' and 'Little Brown Church,' by William S. Pitts; 'Maribell,' by Danks; 'Let the Dead and the Beautiful Rest,' 'Break, Break, O Sea,' etc."

Others in the publication are Kinkel's "Heavenly Thoughts," "Maiden's Blush Schottische," and "White Rose March" (all for $9.00 retail).

For the benefit of present-day readers—"Blush" is defined by the Standard Dictionary "a reddening as of the face, from modesty, shame or confusion." We'll let the equivalent of osculation ride.

"Why Clergymen Should Not Recommend Quack Medicines" is the caption of an editorial in the *Detroit Review of Medicine and Pharmacy* (Volume III, Page 47). It is signed "McG," and inasmuch as the editorial staff then consisted of Drs. G. P. Andrews, E. W. Jenks, and T. A. McGraw, with H. O. Walker, assistant, the authorship of the article is not far to seek.

Such practice on the part of underpaid and undiscriminating ministers of the Gospel was indeed a crying evil three score years ago, and the prevalence of it completely justifies Dr. McGraw's plain pronouncement that "the religious newspapers do not scruple to denounce the sins of the laity in the strongest terms. We would call their attention to this gross and presumptuous sin on the part of some of their own order and request them to use their influence to abate it."[5]

Writes Dr. McGraw, "One of the most eminent divines of the West remarked to us, recently, that he never met a physician without feeling impelled to apologize for the injuries constantly inflicted upon the medical profession by the clergy. In fact, of all the annoyances which medical men have to endure in the course of their professional life, none are more provoking than the support which so many ministers of the Gospel give openly and unblushingly to various forms of quackery. We find them everywhere among the most enthusiastic advocates of the most absurd systems of irregular practice. Everywhere they appear as partisans in medical disputes of whose merits they cannot possibly be qualified to judge. Their names are appended to the published recommendations of almost every patent medicine, and their organs, the religious newspapers, those guardians of religion and morality in the land, contain advertisements which are not only injurious to the dupes who believe them, but are also in many instances positively indecent."[5]

That there has been gratifying reform among the clergy in intervening years, everyone will admit. It is amusing, however, to note that the formula they adopted in handing out "personal experience" is still in vogue by their successors in validation of the claims of cure of dyspepsia, consumption, rheumatism, etc., at the present day. They have suffered from a "lingering malady"; have "tried every doctor and every remedy," and have finally despaired of relief. As a last resort they have been induced to use some famous preparation and have "*then* begun to coalesce" [*sic*].

A "Few Plain Facts for Thinking People" are communicated by Dr. Julius A. Post, of Lansing, on "Electro-Therapeutics."[4]

If the physician should "warn the public against such dangerous impostors" as prey upon those to whom "electricity is electricity and a doctor is a doctor, be he, she, or it, good, bad or indifferent, regular or irregular, big Injun, little Injun or no Injun at all," he must expect to hear the cry of "persecution and jealousy" and to "find many of his weak-minded male, and not a few of his strong-minded female friends, who know without a doubt that the world is gotten up on wrong principles and directly at variance with all those plans which our Creator originally intended should govern things terrestrial."

He points a warning and declares that "the prevailing impression that it requires no brains to apply electricity, is the curse of electro-therapeutics."

Although it's often overdone, definite progress seems to have been made in advertising. "The most unique," says the *Michigan Medical News,* "not to say disgusting, trademark now gracing the advertising pages of medical journals is that of a certain brand of pepsin. It represents a beastly hog devouring an immense, ugly rattle-snake. Pah! When is this sort of thing going to stop?"

In *The Medical Age* (1884) the editor calls attention to a misprint in an article "planets" for "plants" on the earth's surface, this in order to remove "an astronomical absurdity." *En passant,* much may be justly said in glorification of the old-time proof-reader whose shadow has scarcely lengthened in recent years. This should not be regarded in the nature of *apologia.* As in other departments of life's activities, "speed" must not be sacrificed to mere accuracy.

"Of the unpunctuated, illegible, ungrammatical, tautological manuscripts; of the unreturned proofs intrusted to the hands of authors for correction; of the individuals who come to give gratuitous advice; of the bores who think the journal cannot move without their counsel . . . nothing need be said."[22]

A shudder shakes one's torso at the thought of what would have appeared had Mulheron failed to exercise habitual self-restraint.

The *Michigan Medical News* quotes the *Physician and Surgeon* as recording that "each patient is measured every hour in the beginning of the treatment in order to ascertain the run of the fever," and strangely enough, for the life of us we "can't comprehend how the run of a fever can so affect a patient as to cause such an alteration in his size as would enable an hourly measurement to throw any light on the subject."[22]

"There is none so blind," etc., etc.

In an editorial in the *Detroit Lancet,* 1879, Dr. Connor writes with no little confidence concerning a criticism of English medical education by an Englishman, that similar defects in the American scheme will be corrected "long ere our British brethren have righted themselves."

Twentieth Century "efficiency" and "speed" were predictable a half-century ago, even in medicine.

From "Memoranda" in the *Detroit Lancet* (Volume III, Page 29), it is learned that the University graduated, June 24, 1879, seventy-six medical students, "men, women and homeopaths."

Dr. D. W. C. Wade of Holly was always "devising" something. He had found chloric acid as efficient as chlorate of potassium in diphtheria and devised a formula for its production "not chemically pure," which he published in the *Detroit Lancet.*

The desideratum which he mentions, "it should only remain for us to discover how one may avoid error," is obvious even to the feebly enlightened.

"The *Free Press* of 11th inst. [March 1884] has a dispatch from Ann Arbor to the effect that a citizen of that place took a teaspoonful of ergot in mistake for cough medicine. He discovered the mistake immediately—and hastened to a drug store where by the prompt administration of emetics his life was saved."[21]

"How is it that ergot is so dangerous to the Ann Arbor male?" writes Mulheron, who adds, "But of course, there is a difference in the sexes in Ann Arbor, as elsewhere, in regard to the action of ecbolics."

Dr. Carl Jungk of Detroit read at the Sanitary Convention held there in January, 1880, a paper on "Adulteration of Food."[4]

Profiteers are no product of late evolution and "progress." Captain Cook came in contact with this unstrained quality of "service" in the Society Islands in 1770.

"It is a pity," writes Dr. Connor of the sensational "Tanner Fast" of 1880, "that such a splendid physiological experiment was permitted to be wasted"[4] through lack of supervision by Dalton, Flint and Arnold.

Fortunately for him, perhaps, he departed this life before the dancing, cross-country sprinting, police-dog swimming and hot-dog *fressen* contests became a vogue.

Dr. M. K. Ross who "beat him to it" in competition for the resident physicianship in Harper Hospital in 1878, contributed to *The Detroit Lancet* an article on "Gangrene of the Penis" and doubtless saved this present writer from witnessing a tragic sloughing episode.

"An electric sweat-band for men's hats is the latest. It is claimed that it stimulates the imagination, strengthens the memory and greatly augments the working power of the brain. No, this is not a Michigan invention, nor is it endorsed, as far as we have been able to ascertain, by any of our Michigan savants."[21]

"In a park at night. She: 'How horrid the mosquitoes are.' He: 'Yes, they are fearful.' She: 'Don't you know of any remedy, Harry, that will keep the insects off?' He: 'Oh, yes, there are——' She: 'I hear oil of tansy is good to keep them off.' He remained profoundly silent for the next quarter of an hour. Those New York girls are evidently well up in materia medica, but why did Harry preserve that long silence? It was ominous, to say the least."[21]

Dr. George E. Frothingham frankly disapproved of the old Romans. In the "Address on Surgery," he writes (1888):

"It was unfortunate for medicine, and especially so for surgery, that Rome ever became mistress of the world, for, in their extreme hatred of both, the Romans were unlike all other people, either ancient or modern.

"The adoption of Christianity as the state religion, instead of leading to the encouragement of medicine and surgery, as it ought, really had the opposite effect, for since physicians generally adhered to the pagan party, Constantine, as a matter of policy, abolished schools of medicine, as well as those of philosophy, and established shrine-cure and miracle-cure instead. Up to the time of the downfall of the Empire, medicine was deemed worthy the attenion of none but aliens and slaves.

"Surgery could hardly have fared so badly had our civilization been derived from any other people, for even the barbarians before whose assaults the Roman Empire succumbed and who carried thousands of captives throughout the plains of Scythia, treated the physicians who were among them with more respect than they accorded to the followers of any other profession. I should not have taken time for even this brief reference to Roman prejudice against surgery, had it not continued to exert an influence from the day when Archagathus was banished from the Eternal City, down even to the present time."[25]

And in another country, Germany, it appears that until recent years, surgery was held in light esteem. In the Prussian army, at one time, one of the duties assigned the regimental surgeons was to shave the other officers.

All of which is very shocking. Our surgical brethren have had many handicaps to overcome, and rejoicing in their long delayed but golden good fortune should now be universal. It is, indeed, scarcely too daring to declare, with Dr. Frothingham, that "the stone which the builders rejected has become the head of the corner."

Discussing a paper of Dr. D. M. Campbell of Detroit (1888) on "A Case of Tumorous Stricture of the Esophagus, with Cure by Electrolysis," Dr. F. W. Mann said:

"The question under discussion is as important as its presentation has been interesting. As I had frequent opportunities of observing the course and effect of treatment in the case just exhibited by Dr. Campbell, I take great pleasure in bearing testimony to the highly successful result accomplished. When the patient was first seen, the passage of the smallest-sized esophageal bougie could only be accomplished after a distressing amount of vomiting and retching on the part of the patient. There is no doubt in my mind that the case was one of malignant obstruction of the oral extremity of the esophagus.

"I thoroughly agree with Dr. Hendricks on the unsatisfactory manner of administering the galvanic current, and I think one of our greatest needs is more definite notions regarding electrical dosage. Dr. Walker has not said how much electricity will cure a urethral stricture, nor has Dr. Campbell intimated the quantity necessary to disintegrate a neoplasm."[25]

"The subject under discussion for the evening" (Detroit Medical and Library Association, October 20, 1884) was "Is cancer of local origin?"

It may be of interest to record that, despite the participation in the discussion of McGraw, Owen, Carstens, Lundy, Casgrain (of Windsor), Flintermann, Wood, and Inglis, the question was not decided.

An important question was "settled" after the fashion of settlements, generally speaking, in the Detroit Medical and Library Association, July 7, 1884:[21]

Dr. C. G. Jennings "opened" the discussion on the resolution—

"Resolved, That it is not always the duty of the practitioner to endeavor to prolong life."

Dr. Jennings thought the subject presented grave medical, sociological, and religious questions. In the discussion, however, it was necessary to put aside its religious aspects.

This question frequently came up before the physician's mind, but was rarely spoken of. A free interchange of opinion might be of benefit.

The question must be considered in its relations: (1) to the patient; (2) to the patient's friends, and (3) to the community.

The doctor then considered in detail how an incurable patient becomes an unbearable burden to himself, and how he often works grave injury to his friends and to society. The sooner such patients died the better it was for all concerned. The doctor held the physician's duty in such cases to be this: "When, in the light of all past experience, a patient is absolutely incurable, and his condition incapable of being ameliorated; when he has become a torment to himself and a burden to his friends, the physician should cease in his effort to preserve or to prolong life. He should welcome all intercurrent diseases and complications as nature's efforts to terminate a useless struggle, and administer remedies but to ease the suffering that they and the original disease produce."

Dr. Frank Brown, in opposing the resolution, made a somewhat wider application of the proposition than was perhaps intended. He assumed that if a principle were a good one, it was the duty of an individual holding such a principle to enforce it actively. He maintained that between activity in causing death and passiveness in allowing it to take place, there was no ethical difference. If the activity were demanded in maintaining a principle, why not show it here? Human life had for ages been wisely held sacred, not sacred as having a supposed origin from a God, but as an individual possession. Not only should the individual be strongly protected in this from the community, but, as an additional safeguard, protected even from himself. The proposition, then, to place so sacred a thing in the hands of a class, many of whose members are unscrupulous, must seem atrocious and contrary to all moral law. The doctor held that no man has the right to deal with the effects, if one is at all responsible for the cause, and as leading in such matters, each one is to a certain extent responsible. It will be time enough to overthrow the moral law when you have diminished the opportunity for disaster.

Dr. Inglis: "Life is sacred, but the question arises, 'what is life?' Is idiocy life? I believe life to be an ability to enjoy and carry out all the normal functions; when these functions are so wiped out as to place a man without reason, to me life ceases to exist. I claim it cruelty for idiots to be allowed to exist—cruelty to those who care for them. In these cases the physician should be allowed to shorten life, not to extend it."

Dr. Shurly: "The ground has been well taken, and I have found myself on both sides of the argument as the subject has been discussed. To me all hinges upon the sixth commandment, 'Thou shalt do no murder.' To cut short a life, however shattered or debased that life may be, seems to me to be a crime. The end may justify the means; but, in short, if I were to shorten a life, I should always have the feeling that I might have made a mistake and this conscience-torture would be to me unbearable."

Dr. McGraw: "I hold that in some cases the physician has no right to force a patient to live, when he or she has made up his or her mind to die.

"The prostitute is an example of this class.

"The question as regards inheritance of property must always be thought of before we think of shortening our patient's life.

"Life is sacred, and it is that bond which binds society together. For a physician to break this barrier would be an irreparable breach.

"I believe with the exception of the above cases, the shortening of lives entrusted to our care is wrong."

Dr. Devendorf thought the sixth commandment should be left out, as the subject was a scientific one.

Dr. Wagner said the question is an ethical one, and the religious side must be looked to.

After some further discussion by Drs. Brown, Devendorf, Inglis and Carstens the meeting adjourned.

"The prevailing opinion is that its selection as a subject of debate, was, to say the least, unfortunate. We are of the opinion, however, that it is quite a legitimate topic for discussion," writes Mulheron as a preliminary to publishing the criticism of a doctor from out where the West begins, who was afflicted with "utter surprise, that an American city of the size and repute of Detroit should give birth to a society 'of gentlemen,'" etc., etc. Let the reader fill in the painfully castigating details.

Indeed, they "settled" many a moot question in similar fashion in that active medical body. Dr. Carstens was to have opened the discussion on "Are Vices Hereditary" at the meeting in July, 1884, but as "pressure of business" prevented adequate preparation, Dr. Shurly "opened." He averred that "any of the mento-physical proclivities belonging to all mammalia, may be so cultivated and harmonized by education as to annihilate vice. It seems to me to be a cowardly device for degenerate men to blame their dead ancestors for their own bestial tastes and vices, instead of bearing their own responsibility."[21]

Dr. Devendorf thought that "a peculiar formation of the brain should be looked to," and Dr. McGraw objected "to Dr. Shurly's logic that 'a vice is a vice to him that thinks it' and cited Asia's kings in whom 'the sexual vice wrecks the king and his whole nation.'"

"Kings in those days were monstrosities," retorted Dr. Shurly, who in optimistic outlook through the program of "education" evidently foresaw the day when the world would be made safe for democracy.

Dr. Helen Warner mentioned that "the transmission of tendencies in animals can readily be seen; not unlike the hereditary tendencies one sees in children," and Dr. Shurly called attention to the fact that "the muscle of the antelope and sloth are identical, but the sloth cannot run and spring like the antelope."

Dr. C. B. Gilbert "being present" was asked to close the discussion. "Men who have strong wills," he said, "and who at times have sunk low in intemperance and kindred vices may again rise to their former position by the exertion of their will in the opposite direction by a new thought, one of reformation addressed into the sensorium."

Dr. Flintermann cited the case of an Indian removed from his tribe who had received a college education, but reverted after a few years to savagery.[21]

The question of "Had Adam an Umbilicus" having been revived by *The Eclectic Medical Journal,* a writer in the *Medical Age* says that although the question "is not of much contemporaneous interest there is reason to fear that its unfortunate revival may elicit such a volume of speculation as may make us soon wish that the reviewer had had his umbilicus disorganized when it was in its pre-natal stage."

"Calf" (of the leg) is derived from the Old Norse Icelandic—thus quotes the *Michigan Medical News* (1881) from the Cincinnati *Lancet and Clinic.* "The primary meaning of the word seems simply a lump." This clarifies present-day percepts.

Dr. Henry F. Lyster of Detroit displayed versatility and varied accomplishment in medicine and surgery. His annual address to the State Medical Society in 1889 on "The Influence of the Mind in the Cure of Disease," goes deeply into the history of charlatanism and the current vagaries including Eddyism. He "cannot imagine any success whatever to come to a physician, particularly in the department of mental and nervous diseases, who has no perception of suggestive treatment."[25]

He suggested that in the gynecological line of surgery "the wheat should be winnowed from the chaff," and believed that "in many instances the bodily pains can be suborned [*sic*] to the determined supremacy of the mental power."[25]

To repeat, compositors and proof-readers have much to answer for.

Dr. H. F. Lyster was elected, in 1870, corresponding member of the Gynecological Society of Boston.[5]

He was a frequent contributor to the pages of the *Review.*

Dr. J. H. Kellogg was "very much interested" in listening to Dr. S. P. Duffield's paper on "The True Principles of House Drainage."[25] He then devotes one and three-quarters pages to demonstrating that "I don't know that I have heard anything that I wish to discuss."

Dr. J. E. Emerson of Detroit requires a mere one page for the same purpose as "the subject does not seem to call out much discussion."

Driving around in his native town in Rhode Island with the family doctor, Dr. James F. Noyes saw a man about thirty years of age standing in the doorway of his house with a very bad hare-lip, whereupon the following conversation occurred. Dr. Noyes, "Why don't you fix up that man's mouth?" The family doctor, "I don't do any surgery." Dr. Noyes, "You go and tell that man if he wants his mouth fixed, I will do it right away."

There were no adequate instruments convenient, but the family doctor took out an old pocket case containing two rusty knives, one of which was a little scalpel. This Dr. Noyes sharpened on his boot, he then borrowed of the man's wife some brown thread and a sewing needle and went to work. The operation was a perfect success, said Dr. Noyes, "I was surprised at the results."

The typist taking this dictation remarks, "I should think he would have been."

So much for perfectly good plastic surgery by an ophthalmologist. This was, if the reader pleases, "a few years ago—that is to say, a few years prior to 1886, when Dr. Noyes made the revelation in discussing a paper by Dr. William H. DeCamp, 'Remarks on Some Special Points in Operative Surgery.' "[25]

Dr. Noyes knew his amphibians. In 1879 he exhibited to the Detroit Academy of Medicine "the eye of a sea-turtle and gave a lesson in comparative anatomy."[4]

The following detail regarding the action of chloral hydrate, "of much importance to the physician," is given by Dr. W. H. Rouse of Detroit:

"From irritation of the bowels she was seized with rather severe convulsions, and chloral hydrate was administered in about average doses. The convulsive actions were promptly controlled, but with the subsidence of the spasm the patient commenced singing and continued about three hours.

"This constant singing having never before been observed caused both physician and friends considerable anxiety, but as no other symptom presented to cause trouble, the musical characteristics were ascribed to the chloral and the patient watched with more than ordinary interest."[22]

This may be confusing, a musical *post hoc* with a medicinal *propter hoc,* but it is recorded for its cultural and artistic possibilities.

The following tale (abbreviated) of a tail is clipped from the *Bulletin of the Wayne County Medical Society,* December 11, 1928. It has no business in this history and may be ignored by any prejudiced *fundament*alist.

SEVEN INCH TAIL ADORNS BABY GIRL

(By Science Service)

Baltimore, Nov. 10.—A human tail of almost record-breaking length has just been discovered appended to a baby girl born at Knoxville in Tennessee, the state that outlaws evolution. This tail was reported to be seven inches long. The record is a nine-inch tail on a twelve year old boy from French Indo-China.

Discussing (in 1886) tadpoles' tails and gills, microbes, phagocytes and leukocytes as the "defending army," bacteria, ptomaines, leukomaines and cell metabolism in "Suggestions on the Causes and Treatment of Inflammation of Internal Organs," the venerable Professor Palmer gave the following picture:

"In the locality of this inflammatory battle the tissues are laid waste. The disabled and dead bodies of the contending parties are found in abundance. Bacteria are seen in different states of destruction. The dead bodies of cells themselves become injurious. The battle-field becomes a breeding ground for more bacteria. When the battle has proceeded far, much time may be required to clear away the *debris,* or complete repair may be impossible. The death of the part or the whole organism may result.

"This comparison may be said to be fanciful. It is so. It may be said there is a transition from sober fact into wild fiction—at least from scientific truth into speculation. But this is not the only instance in medicine where science merges into fanciful speculation, or where, upon a slender and perhaps doubtful foundation of facts, theories are erected. But speculation and theory often lead the way to substantial and important truth, and more frequently afford plausible explanations of indubitable facts."[25]

Dr. Maclean said in a discussion that a therapeutical fact of some importance had recently been pointed out by "that section of the medical profession on which my esteemed and venerable colleague rather seems to look down."

Dr. Palmer: "Oh no, I do not look down on it, I look up to it."

Dr. Maclean quoted "an article by Mr. Lawson† Tait in which he gives the report of 139 ovariotomies without a death, and in the course of that paper he denounces in the strongest terms the administration of opium if the patient is threatened with peritonitis."

Dr. Palmer said he was delighted to hear that Dr. Maclean administered cathartics and quoted an old Scotch doctor who said that "for the next life [one] must keep a clear conscience, and for this he must keep his bowels open."

Dr. Alvord had changed his mode of treatment of peritonitis since the epidemic in Southern Michigan in 1878. He believed that one "who would give a cathartic in an epidemic case of peritonitis would be deserving of a very severe reprimand." He approved of morphine and quinine.

Dr. Maclean said he had practically abandoned their use.[25]

"A story is going the rounds (who started it we do not know) at the expense of the young physician who is always so busy that he doesn't know what to do. 'I have got more business than I can attend to,' boasted he to an old practitioner who knew he lied. 'I had to get out of bed five times last night.' 'Why don't you buy some insect powder?' quietly asked the old doctor."[21]

"The doctor given to boasting of his skill, instances as an evidence of his superiority to his rivals the fact that after several of them had declared that a patient could not live over twenty-four hours, he took hold of him and made him last thirty-six hours. He thus demonstrated that he was at least 50 per cent the better man."[21]

"*Life,* a western newspaper, has discovered why it is that 'uneasy lies the head that wears a crown.' A newly-arrived chiropodist from the old country announces himself as corn-doctor to the Court of Germany, and tells us that he has removed corns from several crowned heads of Europe."[21]

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†Again apologies to the proof-reader for substituting Lawson for "Tawson."

Dr. Frederick W. Stewart, born in Canada in 1861, graduate from Cleveland Medical College in 1891, in practice in Coldwater since 1893, a Mason, a Maccabee and a member of the Methodist Episcopal Church, "is not so abnormally developed in any direction as to be a genius, but has so directed his efforts as to develop a well rounded character . . . a valued resident of his adopted city."[8]

Verily, a convincing and somewhat exceptional biographic sketch.

Dr. Edson Blackman, born in Morenci in 1839, acquired "a broad literary knowledge" at Hillsdale College and elsewhere upon which a superstructure of professional learning was erected at Cincinnati Eclectic Medical College in 1865-1866. He practiced in White Pigeon until 1876, thereafter at Quincy.

He is, or was in 1906, a Mason, Odd Fellow, Democrat and Presbyterian; had been township supervisor, member of the school board, and superintendent of the poor of Branch County.[8]

His son, Dr. J. Morehouse Blackman of Quincy, born in 1873, sometime student in the Eclectic Medical College at Cincinnati, the Grand Rapids Medical College, and the Detroit Homeopathic College, graduate from the latter in 1900, "makes wise choice of what he believes will prove the most helpful in checking the ravages of disease and restoring health."[8] (This is certainly a worthy example. C. B. B.)

In addition to affiliation with the Knights of Pythias, Odd Fellows and Maccabees, Dr. Blackman, Jr., is a Mystic Worker.[8]

It is not clear from the biographic sketch where C. D. Warner of Coldwater acquired the title of M.D., but his remedy, White Wine of Tar, produced by the Warner Chemical Company of Coldwater, is "known all over the world."[8]

He put aside textbooks used at Hillsdale College and a commercial school in Detroit in 1861 and enlisted in Company G, Second Michigan Cavalry, as a private. His health, however, proved insufficient "to withstand the hardships of war," and he was honorably discharged on account of disability after a year's service.

He was born in 1840, and cast his first presidential vote for Lincoln.

"When he began the manufacture of Warner's White Wine of Tar he walked from house to house selling his medicines, which he carried in a grip sack."[8]

In 1906 he owned *farms*† and had mining interests in Mexico. All of which goes to show that there is value in medicinal remedies—therapeutic nihilists to the contrary, notwithstanding.

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†Plural, if you please. Italics are the reviewer's.

Dr. H. J. Chadwick of Hart, Michigan (1886), had a singular view "that the majority cases of consumption in women are caused by ulceration, evasion [*sic*] or a general inflammatory condition of the womb" which causes phthisis by weakening nerve force. "Are they impaired?" he asks. "I say yes. Who has not seen a nauseated stomach, tonsilitis, pharyngitis and palpitation of the heart that he could not see plainly that these symptoms were caused by derángement of the womb?"[25]

Dr. Samuel Bell at that time (1886) of Port Hope, found that "manganese is particularly useful in cases of anemia where a general tonic is needed, and in cases of temporary suppression."

In the "third class" who were destined to reap benefit were "young girls or women having recently made a transatlantic voyage, change of climate; some coming from rural districts, and making their home in large cities. The sudden transition from country life to the whirl and bustle of metropolitan life often causes an arrest of the menstrual flow; also, young women leaving some foreign port just previous to menstruation."[25]

What may be expected forty-two years later—now that "life on the ocean wave" is the universal outdoor sport among all "classes." Will there be manganese enough to go 'round among those who fail to come 'round?

Dr. Ernest Shillito, born in 1864 in Pennsylvania, was reared on his father's farm, attended the State Normal School in Pennsylvania, entered the medical department of the University of Ann Arbor in 1886, was graduated from the College of Physicians and Surgeons in Chicago in 1888. He located in Marcellus; is a Republican and a Mason.[9]

Dr. Raymond S. Halligan, also of Marcellus, was a student in the medical department of the University of Michigan and that of the Northwestern University of Chicago, was graduated from Saginaw Medical College in 1903, is a republican in politics.[9]

Dr. E. A. Planck was born in Indiana in 1869. He followed the trade of miller until 1887, when he came to Michigan, taught school at the age of sixteen, studied in the Northern Indiana Normal College at Valparaiso and the University of Illinois, was graduated from the College of Physicians and Surgeons in Chicago in 1894, located in Union, Cass County.

He is a Republican, has served as coroner three terms, has held various local offices, is a Mason and Maccabee, is an examiner for many insurance companies and a member of the County and State and Mississippi Valley Medical Associations.[9]

Dr. G. H. Denike studied in Queens Medical College at Kingston, was graduated in 1882, was examiner for insurance companies until 1898 when he came to Union, Cass County. He had a course in Hahnemann Medical College, Chicago.[9]

Dr. William C. McCutcheon, licentiate of the Royal College of Physicians and Surgeons of Kingston, Canada, and a member of the County, State and American Medical Associations, was graduated at Queens University in 1894 and came to Cassopolis the same year.

He is a Knight Templar, a Republican, local surgeon for the Grand Trunk Railroad. The biographic notice speaks highly of his medical attainments.[9]

In the discussion of a paper by Dr. Donald Maclean at the meeting of the State Medical Society in 1886 on "Some Recent Experiences in Clinical Surgery," there occurred the following:

A Member: "Were the glands in the axilla involved?"

Dr. Maclean: "The glands were involved, and all were removed from the armpit."

A Member: "Was there any alterative treatment in order to improve the quality of the blood?"

Dr. Maclean: "I think nothing of that kind was done. I think tonics were administered, probably. I noticed a very peculiar appearance of the blood; it was pale and hardly stained the towel; I don't think I ever saw such an appearance before.

"If any one can tell me any medicine that will really eradicate cancer, I will be glad to try it."

Dr. Parmenter: "I would like to know by what skill Dr. Stowell diagnosed these tumors as malignant."

Dr. Maclean: "Dr. Stowell can answer for himself."

Dr. Stowell: "I wish to have Dr. Parmenter bear in mind one thing, that pathologists too often forget that every pathological growth has its physiological prototype, and that the day of specific cancer cell passed away long ago. . . . A patient came to a clinic with a little tumor; he said it had been removed once; it was a little fibrous; I made an examination and did not find that the epithelial cells were homologous in their nature, they were heterologous instead; they were out of their proper place; they had large nuclei. I said that it was an epithelioma."

Dr. Parmenter: "I want to know how he knew it was cancer; whether the microscope will tell whether it is cancer."

Dr. Stowell: "It will every time."

Dr. McGraw said that the most malignant growths are not cancers; they are sarcomatous. "Practitioners have employed this sharp division between tumors. It is not true. . . . Whenever you have any kind of a tumor, you have a danger, even the most innocent, and unless the profession recognize there is danger wherever there is a tumor, you will never get at them quick enough to accomplish the results you would like."

Dr. Elmer: "Would you remove a tumor on the arm?"

Dr. McGraw: "Certainly."

Dr. Elmer: "Would you remove one that had been there for years and was not larger than a hickory nut?"

Dr. McGraw: "Certainly."

Dr. Elmer: "Would you remove tumors that had been in family after family and never had any malignancy at all; would that be good surgery?"

Dr. McGraw: "Yes, sir. I was called upon years ago to see a certain man in Detroit who had a little tumor in the groin. The doctor said it did not amount to much. It was diagnosed as a fatty tumor; it had been there fifteen years; he did not want it operated upon for it kept him from the draft; he did not want to go to the army. By and by it began to grow, after being for fifteen years apparently an innocent tumor; and the doctors cut it out, and it grew again; the third time I cut it out, and found that it had some sarcomatous elements in it."

Dr. McGraw later on, replying to remarks of Dr. Elmer, said, "I do not think that any physician ought to say that another is guilty of malpractice, and I think that an apology is due."

Dr. Maclean called attention to a weak point in Dr. Noyes' remark that "we removed tumors of any considerable size." His (Dr. McGraw's) idea and mine is that we ought to remove them before they attain any considerable size." Replying to a question of Dr. Lyster as to Syme's operation he said he had performed it nearly forty times and that as far as he knew re-amputation had been required only once, in the case of a colored man, a syphilitic.[25]

I don't know how he means "always immoral" in the (following) last sentence but from a sometime psychiatrist's angle "it gives me quite a shock and it hurts my feelings, too": "Beard says, 'Like all the insane, Guiteau has been immoral; he has been a cheat, an adulterer, a murderer, a literary thief, a religious and political tramp; but if he were moral he must be sane, for the essence of insanity is immorality. While the immoral are not usually insane, the insane are always immoral."[4]

The Detroit Lancet was once upon a time concerned because the *Michigan Medical News* was "exercised" over the suggestion of the Scotch alienist who "so occupied his patients as to render them unusually docile," and declares "in short he will fail in his work, be it that of a general practitioner or of an alienist, who cannot impress his personality. . . . A master of men occupies them in just so far as he is master. His mastery depends upon this occupancy."

The *News* is obliged for the explanation that it was "a psychical occupancy," and now thinks "we comprehend the matter."

Hon. John J. Carton of Flint who was at the time Speaker of the House of Representatives reveals that following the enactment of an early law which was carried through the legislature through compromise with all sorts of cults and quack establishments—and could not have been enacted except for this—there was large registration of members of the Druidical school.

Concerning this *The Medical Age* says:

"A correspondent writes us for information touching the status of the

'Druid Medical Society.' He has received a card in which he is offered a membership for $50. Since the collapse of the Association of 'Venerands" who attempted to start a medical college in this city a couple of years ago, we have heard of no medical organization which draws its inspiration from the Druids. Whether the society regarding which information is sought, is lineally descended from those ancient scientists, or has in some other manner, e.g., the laying on of hands, become imbued with their scientific spirit, we are not prepared to say. Those who like this kind of a society will, no doubt, regard as price of membership as not at all exorbitant. It comes high, but there are some who must have it; otherwise how could the Druids subsist?"[21]

"Since Cain slew Abel, murder has been rife in the land. Washtenaw County, although one of the most law-abiding places in the state and nation, has yet been disgraced with several cases in which blood has been shed."

The foregoing appears under the caption of "Dark Deeds" in the "History of Washtenaw County," Page 231. Follows the account of murders, nineteen in number, up to 1878, in character "diabolical," "horrible," etc., etc.

Among the laconic notices in the "History of Macomb County," Page 508, is the following:

"An attempt to kill Dr. William Brownell of Utica was made by Lewis C. Butler, June 24, 1872. The would-be murderer is a native of Troy, Oakland County."

Always picking on Oakland.

He who is hanged is not corrected, but others by him.—MONTAIGNE.

And here is a "conclusion" of the "History of Macomb County," published in 1882, which must have inspired the most apathetic and unimpressionable of that period:

"That portion of the population properly termed the American people of Macomb seem to have made everything in which they engage so satisfactory in results that the human mind pauses in the midst of its boundlessness, and almost seems to say—the whole work is accomplished, and there is nothing left for the inventive genius of the rising generation to do. But much as has been accomplished, the most scientific and constructive minds, those that have accomplished the grandest results in fields of mechanics and inventions, realize the fact that they have just made a beginning in the arts and sciences, and that a great undiscovered world lies beyond."

"The biographical sketches of citizens of Warren," writes the compiler of the "History of Macomb County," "given in this volume, contain much that is especially interesting. Each one of these sketches is a lesson in itself, pointing the way to progress."

No biographies of physicians appear in the "sketches" which immediately follow, but in the opinion of this reviewer there's nothing to be done about it. The term "progress" is susceptible of discounting, anyhow.

The following is from the "Historical Scrap Book" of the *Kalamazoo Gazette*. It was clipped and forwarded by Dr. J. B. Jackson and is but one of many unsolicited and interesting contributions he has made to this compilation:

"The 13th Michigan infantry, which was organized in Kalamazoo by Charles E. Stuart for service in the Civil War, arrived at the battlefield of Shiloh in time to get under fire, but too late to get into the serious fighting. Not a casualty was suffered by the regiment, according to Dr. Foster Pratt of this city, surgeon of the regiment.

"Dr. Pratt wrote a description of the movements of the 13th regiment and of the battlefield at Pittsburg Landing, while still on battleground. The letter was written April 11 and was published by The Kalamazoo Gazette, May 2, 1862. The bloody battle of Pittsburg Landing was fought Sunday and Monday, April 6 and 7. The battlefield was named 'Shiloh' by General U. S. Grant, after a church which stood on the ground.

"The 13th regiment had left Nashville on April 29, en route to Corinth.

HEARD HEAVY GUNS

" 'On Sunday, April 6, we were still 35 miles from Pittsburg Landing,' Dr. Pratt wrote. This was the day of the bloodiest fighting.

" 'We began to strike our tents at 5 A. M. and could hear heavy firing to the southwest. The rapidity of the firing increased and we knew a big battle was in progress. Soon we learned that the fighting was 10 miles above Savanna at a place called Pittsburg Landing. Near dark on Sunday evening we commenced a forceful march which lasted all night. It was raining torrents and the roads were almost impassable.

" 'We did not reach Savanna until noon on Monday, April 7. We immediately went aboard a steamer and in about an hour were at the battlefield. Our forces had sustained a heavy defeat the day before and were saved from total overthrow or surrender by accidental arrival of a detachment of General Buell's forces under General Nelson.

LED BY GARFIELD

" 'Our brigade was immediately led to the battlefield by General James A. Garfield of Ohio and placed in the line, about 80 rods from the enemy's batteries. Here we lay under fire for an hour and a half, balls and shells falling all around us, but none doing us any injury. This was the last stand of the enemy and the firing proved to be a cover for a general retreat toward Corinth. The battle ceased entirely at 5 P. M.

" 'On Tuesday morning, I rode over the whole contested ground and such a scene of carnage and destruction I hope never to see again. Besides the thousands of dead, many disfigured and mutilated, there seemed to be an innumerable host of wounded who had lain on the field since Sunday with no attention or assistance. I rendered aid to many of these wounded.

" 'I do not believe our killed exceed 5,000 and the wounded probably not over 15,000. The enemy attack on April 6 was a surprise and some of our regiments were captured. The 12th Michigan lost heavily in this way.' "

One would be justified in assuming from the above that Dr. Pratt would be able to read his title clear to the confidence of fellow citizens in his loyalty. Not so—political adversaries at home were evidently after his goat. A "near riot marked Vicksburg peace meeting in summer of 1861" and— but let the *Kalamazoo Gazette* tell the story—it is too thrilling to abbreviate. Dr. Jackson clipped it.

"Enmities that probably were never completely healed grew out of an open clash between Republicans and Democrats at Vicksburg on August 17, 1861. It was only a few months after the Civil war had been declared and excitement was at its height.

"Dr Foster Pratt, a Kalamazoo surgeon of noteworthy ability and attainment, bore the brunt of the attack made by those who sought to break up the Democratic meeting in Vicksburg. Hot words were exchanged, threats were made, and there was much pushing and hauling. It was probably the nearest approach to a real riot that occurred in this county during the war.

"The noise of drums and lusty shouting prevented Dr. Pratt from speaking at the meeting, but in the following issue of The Kalamazoo Gazette, he told his story in something over a column of type. And type was all hand-set in those days.

ISSUE FAKE BILLS

"Democrats at Vicksburg had called the meeting for August 17 to discuss the possibility of bringing about peace. The opposition then circulated posters announcing that 'a meeting of rebel sympathizers would be addressed on the unholy war on the South.'

"Dr. Pratt had been invited to speak, but a crowd surged in upon the meeting with the idea of preventing him from talking. Kalamazoo men were in the crowd that finally charged Dr. Pratt with being a traitor. The Democrats retired to the house of Dr. Ezra Smith at Vicksburg, but were followed there and the noisy visitors marched around the house for three hours.

"It had been charged that Dr. Pratt made the statement that he secretly rejoiced over reverses the North had met at Bull Run, and that on August 15 he had displayed a secesionist flag at his house in Kalamazoo.

DR. PRATT REPLIES

"'My enemies seem determined that I shall be guilty, in public estimation, of holding opinions that are wholly opposed to my understanding and feelings,' Dr. Pratt said in *The Gazette* of August 23, 1861. 'What their purpose is, I cannot conjecture, unless it was the threat made while I was in the legislature, that because of my refusal to obey the dictates of certain politicians, I would be visited with pains and penalties in the shape of injury to private relations and interests here at home.

"'Regarding the claim that I displayed a secessionist flag, no such flag has ever been owned by me. The report probably started when small children playing in an upstairs room, hung out of the window a flag which they had made by pasting pieces of ribbon on some paper.'

"Dr. Pratt declared that this 'flag' had stripes of red ribbon on the paper and a field of plain blue, which the children had made at play.

HITS "POLITICAL GENERALS"

"'Regarding my "silent rejoicing" over the defeat of the North, I rejoice that the intermeddling political generals of the Greeley, Lovejoy, and Chandler stripes have been most ingloriously defeated, but lamentably, with troops needlessly slaughtered on account of bungling management. I regard such men as an obstacle to peace.'

"A complete report of the exciting meeting at Vicksburg was published in The Gazette of August 30, 1861. It was signed by B. Atwood, chairman, and Dr. Ezra Smith, secretary. Others signing the report were Sol. Richardson, Uriah Hurson, James Johnson, Lewis C. Kimble, Samuel and H. W. Cronkite, O. C. Gregg, L. L. Smith, N. A. Hill, William Jenkinson, L. H. Stevens, B. W. Hogeboom, Nicholas Reid, and Andrew Sharp.

MARCH WITH BAND

"'While the Democratic meeting was still organizing, a mob led by the Vicksburg band came up,' the report said. A wagon was being used as a speaker's platform.

"Alex. Cameron of Kalamazoo jumped into the wagon and made a motion that John Parker be made chairman and C. A. Thompson, Jr., secretary.

"At this point it was reported that Dr. Pratt began to address the meeting. Noise of drums and shouts drowned him out. Dr. Pratt insisted on his right to speak, quoting from the U. S. Constitution.

"George W. Winslow then asked Dr. Pratt if he would be willing to have O. N. Giddings make a statement of a conversation with Pratt, in which the doctor was charged with admitting that he secretly rejoiced over defeat of the North.

"'I hold myself competent to repeat all conversations that I have held,' Dr. Pratt replied.

GIDDINGS MAKES CHARGE

"Giddings jumped up on the wagon and declared that Dr. Pratt had made such a statement to him.

"'I stand here ready to answer this charge,' Dr. Pratt replied. He started to speak, but was again drowned out.

"C. D. Hascomb of Kalamazoo then suggested that Dr. H. O. Hitchcock, George W. Winslow, and E. Labin Brown be named as a committee to draw up resolutions for the meeting.

"Dr. Pratt continued his effort to speak, but was asked by Giddings if he did not display a secessionist flag at his home.

"'No, I did not,' Dr. Pratt declared.

"By this time the crowd was shouting 'hang him,' 'traitor,' and other menacing remarks. The Democrats present were standing by Dr. Pratt, however.

OATH OF ALLEGIANCE

"'I propose that all here, who choose to do so, take the oath of allegiance,' Dr. Pratt shouted. 'Will you permit me to administer the oath?'

"'No, sir,' replied Winslow. 'I propose that Daniel Cahill, county clerk, administer the oath.'

"Cahill recited an oath of allegiance, but Dr. Pratt proposed the amendment 'that we will support the government of the United States in the war, so long as it is conducted according to the constitution and the laws of the United States.'

"Winslow refused to accept the amendment, declaring he did not want the oath amended 'so that the Breckenridges, Vallandinghams, and Burnetts we have in our midst can quibble about it.'

REFUSES THE OATH

"'And I, sir, do not propose to take an oath to support an administration in the acts that your own Republican senators have refused to indorse,' Dr. Pratt rejoined. 'Senators Sherman of Ohio and Trumbull of Illinois both refused to vote for the resolution legalizing the acts of the president, and as a consequence, they failed to pass. I'll take no oath at such dictation.'

"E. Lakin Brown started to read the resolutions that had been prepared. Dr. Pratt protested against this interference with a meeting that had been regularly called.

"'If you disturb the meeting again, I will call the crowd to put you out of the wagon,' Parker told Dr. Pratt. Later Parker called on the crowd to remove Dr. Pratt, but no one stirred.

DEMOCRATS WITHDRAW

"The Democrats concluded to withdraw from the scene at this time. Taking their Union flag they went to the private grounds of Dr. Smith, a half-mile distant. They were followed, however, and Dr. Pratt finally went into Dr. Smith's house. The crowd milled around the house for three hours.

"Several attempts were made to get into the house, but no violence was attempted and late in the afternoon the crowd dispersed."

Fort Street and Lafayette Avenue, the latter euphemistically yclept "pill alley," lost prestige as such when physicians began to move to Grand Circus Park. The trend as predicted in the *Journal of the Michigan State Medical Society,* April, 1921, has since been "northward."

"Be on the lookout for the disease, Liberty Loan atonicity, and when you see a case of it apply the remedy *Suggestion* to buy one or many Fourth Liberty Bonds."[19]

An early contribution to medical problems incident to aviation was made by Dr. George E. Frothingham (Jr.) of Detroit, to the Michigan State Medical Society in 1919. It is entitled "The Flight Surgeon's Relations to the Flyer."[19]

"Following a two days' illness, Dr. Charles C. Anderson died at his home, 709 Iroquois Avenue, Detroit."

He was fifty years of age, was a graduate of the Detroit College of Medicine, a member of the Detroit Commandery and the Detroit Club.[19]

Charles Anderson was a lovable chap, a wag, a wit and clubbable. He was extremely popular in the profession.

At the Port Huron district meeting in 1921 Dr. Angus McLean declared—apropos state medicine—"if the tide is not stopped we will soon find ourselves in the position of menials punching state time clocks."[19]

"R. H. W." writes in 1921 from the "jack pines" to the *Journal of the*

Michigan State Medical Society anent the same subject, "Every move for medical legislation ties a new haywire around the physicians," and as to a conference at Ann Arbor, "Anyway, Doctor Burton told you when it was train time."[19]

"The Christian Science full page advertisement entitled 'A Mad World' is as dangerous to the world's sanity as the microbes it ridicules are to the world's health."

So writes Rev. Alfred W. Wishart in the *Journal of the Michigan State Medical Society,* January, 1919, and his demonstration is convincing and admirable, that "if we abandoned all medical knowledge and ceased all scientific efforts to cure or to prevent disease, we would soon be back to the physical conditions of the Middle Ages, or worse.

"The only thing that saves Christian Scientists themselves in many cases from the afflictions of disease is the fact that they live in the light of advanced knowledge and under the protection of many laws and devices which promote good health."[19]

"Miss Louisa M. Alcott remarked on the occasion of a trip on an Atlantic steamer: 'They name ships Asia, Persia, and Scotia: I wonder why it doesn't occur to somebody to name one Nausea.' "[21] This reminds the present writer of a much later suggestion to name a Pullman, "Insomnia."

The following lines were left on his doctor's table by a patient who was about to start for Niagara Falls, "Where the water runs down hill with nothing on earth to hinder it."[21]

"When sorrow's cloud is cast athwart
The sunshine of my mind,
When I, with gloomy care distraught,
No recreation find;
When sighing o'er my hapless lot,
And what I used to be,
I'll seek some quiet, tranquil spot,
And pass a small bougie.
Let strictures on my conduct pass;
Unnoticed let them be;
A stricture somewhere else, alas!
Is more deplored by me.
In hope this blight on manhood's bloom
I yet effaced may see,
I'll hie me to my quiet room
And pass a small bougie."

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Chapter V

Extra-Professional Activities

Doctor-Judge Witherell's "stern outspoken protest, 'I do not see the force of that decision, there appears no sense in it'" was frequently heard from the bench.

Besides being a good physician for those days Dr. Derby was "a gunsmith, could repair a watch and clock and was in fact a jack of all trades." He was "a genius in his way."

CHAPTER V

Extra-Professional Activities

By C. B. BURR, M.D., Flint, Michigan

THIS chapter is but a meager story of the extra-professional activities of physicians in Michigan. They have played an exceedingly large part in cultural, educational, commercial, civic and various other activities outside the profession of medicine. Evidence of this fact may be found throughout Volume I and elsewhere in this volume.

JUDICIAL

The doctor's neighborhood reputation for fairness and judicial mindedness and his known intimate acquaintance with community affairs occasionally led to placing upon him magisterial functions—this apparently by common consent. A judge advanced in years referred to this custom recently in conversation with the writer of this article. What is better, he mentioned it with manifest approval and appreciation. As a matter of fact the training of the physician leads him to receive testimony from all sides and measure it from every angle. He *excludes* none except after deliberately weighing it. Diagnostic effectiveness and accuracy are largely dependent upon this ability.

James Witherell of Vermont, a Revolutionary soldier with influence at Washington and appointed a judge of Michigan territory by President Jefferson in 1808, was evidently of sterling worth. Before the War of 1812 when trouble with the Indians threatened, Dr. or Judge Witherell, as he was called in Detroit, sent his family back to Vermont. It is to him that the following refers:

In a political campaign in 1829 E. Reed, under letters "franked by Hon. John Biddle, M.C.," thus refers to a physician: "Dr. Sloss of Dearborn, also, I am told, has sworn vengeance because Judge Witherell was removed. If you had a real newspaper the influence of such apologies for men might be set right. Catch them telling some damned lies and then prove it on them in the paper"[13]

Present-day primaries have nothing on this.

"James Witherell (M.D.) took his seat with Governor Hull and his fellow judges, Woodward and Griffin, on April 3, 1808. He was born in Mansfield, Massachusetts, on June 16, 1759, was a Revolutionary soldier at seventeen, and was present at the battles of White Plains, Long Island, Stillwater.

Bemis Heights, Monmouth, and at the surrender of Burgoyne. He was also with Washington at Valley Forge, and saw the execution of Major Andre at Tappan. When the war was over he went to Connecticut where he studied medicine and became a physician. In Rutland County he was elected chief justice of the county court and was congressman in 1807. While a member of the House, Jefferson appointed him to be one of the judges in Michigan territory. When he came to Detroit he was forty-nine years of age and was about six feet in height, with a stalwart, upright frame, blue eyes, brown hair, ruddy complexion, large nose and resolute mouth. He was a public spirited citizen, an honest man† and a good jurist. He was of "firm, decided mind"; was "not a profound lawyer, but he had clear common sense and an inflexible will. On the bench he nearly always opposed Woodward in his vagaries . . . his stern outspoken protest—'I do not see the force of that decision, there appears to be no sense in it' was frequently heard on the bench. When Hull surrendered Detroit he broke his sword and refused to surrender his corps." He was paroled and went to Kingston; returned to Detroit in 1813. He served as judge until 1828; was then appointed secretary of the territory and acted as governor during Cass' frequent absences. He died, aged 79, at his home on the site of the present (1898) Detroit Opera House. He was the maternal grandfather of ex-Senator Thomas W. Palmer.[37]

It is evident that Judge Witherell lived up to the best traditions of the soldier and the doctor and, although a judge, avoided entanglement in legal technicalities, obsolete precedents and refinements of definition and interpretation.

Judge Witherell was one of the guests at the second ball held in 1825 at Rumsey's Coffee House, Ann Arbor, on Independence Day. "They had a rare supper of wild fruits and meats; their wines and brandies were brought from Detroit."[34]

There were two Judge Witherells (father and son) in Michigan. There might have been two Dr. Thompsons—see reference later on—at that period. Which Judge Witherell enjoyed this outflowing hospitality is not clear, but "*brought* from Detroit" is suggestive.

Dr. William B. Sprague, born in New York State, February 28, 1797, was graduated from Fairfield Medical College. He practiced after 1835 in Coldwater, but gave up practice in the fifties.

He was interested in saw- and flour-milling; was town clerk of Coldwater in 1836, associate judge of the county court, 1837, and from 1842 to 1845 judge of probate.

At the age of ninety-one he was still in good health, had good vision and enjoyed books.

He was representative from Branch County, 1846.[40]

"October 24, 1897, ended the remarkable career of William B. Sprague, after living one hundred years, seven months and twenty-six days. Graduating from the medical college at Fairfield, New York, in 1826, in the spring of 1835 he came to Coldwater in company with Bradley Crippen, Philo H. Crippen, L. D. Crippen, James Fiske and Rev. Francis Smith. He was in active practice only a few years, but he early became connected with public affairs, being an associate judge of the circuit court in 1836, was also judge of probate and a member of the legislature. He was in all respects a pioneer, and as author of articles on pioneer life, among others 'The Origin of the City of Coldwater,' he contributed much to the permanent historical knowledge of the county."[22]

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†Contrasting in this respect with his associates, Hull and Woodward, of whom Ross and Catlin declare that in their relation to the Bank of Detroit founded in 1806, "it is impossible to resist the conclusion that both President Woodward and Governor Hull were not men of integrity."

Dr. William Gage who represented Oakland County in the legislature of 1843 "was an early pioneer from the State of New York and was the first settler in the township of Holly, Oakland County." He built the first house there; was in 1838 a justice of the peace.

Dr. Henry T. Walker, born in Bristol, New York, April 29, 1808, settled in Washtenaw County in medical practice in 1837.

For several terms he was justice of the peace; was representative from Washtenaw County, 1842-1845. He died October 21, 1871.[40]

Judge A. C. Baldwin writes: "The appointee for chief justice was a practicing physician residing near Pontiac, Dr. William Thompson; he was born January 15, 1786, in Lenox, Massachusetts. He attended the district school and the academy; at fourteen he was fitted for college. In 1810 he took his degree from the College of Physicians and Surgeons in the city of New York, and about 1815 he emigrated to the Territory of Michigan, and first began the practice of his profession at Mount Clemens, and subsequently removed to Pontiac. After his appointment as chief justice he practiced his profession while performing his official duties. Of course his legal duties did not encroach very greatly upon his time, and he held the office of chief justice for some eight years, giving excellent satisfaction. After his retirement from the judgeship, he continued his medical practice for some time, and then retired to a farm near Pontiac, where he died honored and respected, July 10, 1867."[44]

It is somewhat confusing to compare this testimonial with Dr. Porter's animadversions and the doggerel about Thompson in the "Pioneer Physicians" section. The compiler of this knew Judge Baldwin intimately and can vouch for his discriminating estimates of men. Faults of character, as he once declared of errors in proof-reading, "throw themselves in my face." It is suggested that this controversy in an historic matter be referred to the master mind of the "tin Lizzie."

Dr. Owen C. Brown, born in England in 1849, attended the public schools in Kingsley and Acton, Quebec, and "in 1867 entered the University of Toronto, from which he graduated in 1874, taking the 'Star' gold medal and first university silver medal, two exceptionally high honors. On leaving college he returned to Acton, where he practiced successfully for nineteen years, and in 1893 removed to Detroit, where he has since been engaged in private practice. While in Acton, Dr. Brown was justice of the peace, commissioner of the commissioner's court, member of the town council, chairman of the school board and master of the Masonic lodge of that town."[37]

"Dr. Scott respectfully presents his compliments to his Excellency, William Hull, and requests his permission to resign his commission as a justice of the peace; and that he will please notify the secretary of the territory of his pleasure therein."[44]

Dr. Thomas R. Buckham was a corresponding member of the Medico-Legal Society of New York; was Fellow of the Society of Science, Letters and Art of London, England, was author of "Insanity in Its Medico-Legal Relations."

He was sometime Magistrate Commissioner of the Court of Queen's Bench and Master Extraordinary of the Court of Chancery, Ontario. He was trustee of the Presbyterian Church and member of the Masonic Lodge in Flint.

Dr. John W. McNabb was born in Wyandotte County, Ohio, January 20, 1846. He entered Fort Wayne College at seventeen and one year later Wabash College where he remained two years. After three years' medical study at Rochester, Indiana, he entered the medical department of the University of Michigan. He practiced in Indiana one year, then moved to Newaygo, Michigan.

He held the offices of justice, township clerk and superintendent of schools, was representative in the legislatures of 1879-1880, and 1885-1886.[40]

Dr. Timothy Eastman, after whom Eastmanville in Ottawa County is named, was born in East Kingston, New Hampshire, January 17, 1798, and died February 21, 1868.

He was graduated from Dartmouth and received his medical diploma in Boston in 1822; practiced in Portland, Maine; came to Detroit in 1835; traveled through Michigan by stage, on horseback and by birch-bark canoe. Arriving in Grand Haven, he purchased land and built a house which was destroyed by fire, whereupon his family moved to his farm twenty miles east on Grand River.

He "organized the town of Polkton," named in honor of the President, and later the village of Eastmanville was established. His "professional services were in demand far and near, necessitating for him long journeys through the forests on horseback and afoot."

He was interested in agricultural development and politics, "strongly rooted and grounded in the Democratic faith," and became the first clerk of Ottawa County; was elected "judge" and continued in this office as long as it existed; was known as "Judge Eastman"; was a member of the Constitutional Convention of 1850. He purchased the *Grand River Times* as a medium through which he might express "valuable ideas for the public welfare."

One of his patients is quoted as saying that "he was a man of fine physical bearing and temperament, capable of enduring a great amount of physical labor, of a powerful frame and of commanding presence and dignity.

Added to his natural dignity was the culture of the scholar and the grace and polish of the gentleman. What wonder that his presence in the sickroom, be it hut, shanty or the more comfortable apartments of village or city residence, assured the patient of confidence and hope."[44]

Dr. Joseph H. Bagg was prominent in his profession. He came to Detroit in 1838 after a full week's cruise between that port and Buffalo; was appointed in 1839 surgeon to the expedition to remove the Chippewa Indians beyond the Mississippi River, was for one term "sole judge" of the circuit court.†

Detroit, which has undergone from time to time more or less trouble with its red-light district, was not immune from similar difficulties in the distant forties. Friend Palmer, in "Early Days of Detroit," records summary action on the part of a physician, Dr. J. H. Bagg, at the time in question a member of the council, in which body he caused to be adopted a resolution to tear down the house of one Peggy Welch, a notorious character and an offense to the neighborhood in which she resided. Nothwithstanding Peggy's determination "not to go," her goods and chattels were moved into the street, and the public hygiene measure thoroughly carried out. The house was destroyed by Alexander H. Stowell, marshal at that time, and the house-castle tradition went by the board as have many legal theories before and since.

Energetic measures were adopted in those piping days of public weal. "Dr. Thomas B. Clark's office was pulled into the street by the citizens to prevent the fire extending to Major Dequindre's wooden store and dwelling adjoining it."[13]

Dr. Bagg, though a Democrat, supported President Lincoln in 1860.

He came to Detroit in 1848 in opposition to the wish of his wife, who would as soon be "in the bottom of Lake Erie"[7]; this notwithstanding the alluring fact of cousinship there with the wives of two physicians. He studied law and was admitted to the bar while he continued to practice medicine. In this profession he evidently envisioned political preferment; was in 1884 elected side judge of the Wayne Circuit Court. In the city council in 1841 and 1842 he incurred enmity among conservative property owners by "advocating plank sidewalks instead of letting the inhabitants of the town travel through the mud."[7]

He studied natural science and published a work entitled "Magnetism or the Doctrine of Evolution."[7]

But there are severe tests of congeniality and compatibility that nothing so clearly reveals as a camping trip; and as *compagnon de voyage,* he evidently didn't measure up to pioneer requirements.

"The doctor begged us not to tell all, but it was too good to keep, besides we had no love for him. He was teased and jollied by his compeers for days. The half-breeds and Indians told us that the animal that worried us was a lynx."[44]

The above was written of an episode which occurred on the expedition in which Dr. Houghton lost his life. A member of the party had been startled by the sounds made by a wild animal. When he reported it he was assailed by the doctor, "with exasperating speech." He had his "moment of triumph" when awakened at night by the doctor shouting, "Boys, what's that, what's that?" They were "almost paralyzed" by the terrific yells as the animal jumped among the tree tops very near to them.

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†Fortunate court in having the assistance of one of a judicial profession.

Dr. Joseph H. Bagg beheld the pictured rocks "with wondering eyes" and "filled with conceptions of great undiscovered wealth that he was destined to reveal to the world by means of mesmerism."

A book, "Bagg on Mesmerism," had recently appeared (1845) and the doctor "had smuggled into our party as cook his man Charley Hopkins, that he might continue his practice of using him as his clairvoyant. Charley was a simpleton, knew enough to do fairly well as a camp cook and that was about all that he was capable of, except being a clairvoyant."

Here is testimony that clairvoyants are good for something else. It clarifies a matter long in doubt. Dr. Bagg's confidence received a severe jolt, when, lured by a visual illusion, he discovered "the gleaming white silver to be a ray of sunshine that was admitted through a fissure in the rock from an adjoining cavern." He "was woe-begone with disappointment, and our comments added to his discomfort."[44]

Verily, every age hath seen its martyrs.

Isaac D. Beall "had some knowledge of medicine and was often called upon to prescribe in cases of sickness."

He was born in 1812 in Rutland County, Vermont, married in 1837, and moved to Sherwood, Branch County, that year. He was for twelve years supervisor of the township and was justice of the peace for five terms.

He represented the third district of Branch County in the legislature of 1867-1868 and 1869-1870.[40]

Judge McCamly of Battle Creek was a "practical surgeon."[44]

Dr. Isaac T. Hollister resided in Connecticut until 1824; became a physician and was in practice forty years, in Victor, Michigan, after 1846.

He was justice of the peace thirty years; was senator in 1857-1858.

He died at Victor, December 7, 1890, at the age of 89 years.[40]

Dr. Leander D. Osburn was born December 27, 1825, in Wayne County, Indiana, and with his parents came to Calvin, Michigan, in 1835. He taught school, studied medicine with Dr. Bonine, attended Rush College in 1851 and 1852, and began practice at Vandalia, Michigan, in 1853.

He was justice of the peace, supervisor, representative from Cass County in 1867-1868.[40]

Dr. William A. Baker, after returning from the Civil War, graduated in medicine and located at Coloma.

He held at different times the offices of township clerk, justice of the peace and supervisor. He represented Berrien Company in the legislature, 1887-1888 and 1889-1890.[40]

The unique Dr. John L. Balcomb (*See* Volume I, Chapter VII) of

Battle Creek—he of the dogs and pups, and cats, and pipe, and barrel of papers—was a justice of the peace.

Mr. A. D. P. Van Buren's interesting account of Dr. Balcomb's manner and methods "on the bench" will be found in Chapter VII of Volume I.

Dr. Jonathan R. Bowers (1800-1873) emigrated from New York to York township, Washtenaw County, in 1832.

He was the first postmaster of York and was a justice of the peace for two terms; was a colonel in the 6th Regiment, Michigan Militia, but was deterred by age from entering the army during the Civil War.

Dr. Watts J. Bachelor, born in New York State in 1849, spent three years in the Dryden, New York, Academy; was graduated in medicine from the University of Pennsylvania in 1871, came to Oakwood, Oakland County, in 1876. In 1882 he attended lectures at Rush Medical College, Chicago.

In 1891 he was holding the office of justice of the peace.[51]

Dr. Abram H. Baird from the Physio-Medical College, Cincinnati, came to Jackson County in 1854 and was in practice there after 1875.

He was sometime school teacher, justice of the peace and school inspector.[27]

"The ceremony" (of marriage, 1827) "was performed by Dr. C. N. Ormsby as a justice of the peace."[18]

Dr. Albert Yates of Washington, born in England in 1842, was graduated from Detroit Medical College in 1872. Two years later he came to Macomb County. He was secretary and treasurer of the Northeastern District Medical Society from 1876 for many years; was superintendent of schools and magistrate of the township of his residence.[30]

EDUCATIONAL—JOURNALISTIC—CULTURAL—SCIENTIFIC—INDUSTRIAL—FINANCIAL—COMMERCIAL

In educational matters in Michigan, physicians have been at the head and front. Many have been distinguished in journalism, not a few have been deeply interested in cultural as well as scientific activities, and on the industrial side some are notable in the field of invention and discovery. They have almost invariably coöperated in praiseworthy civic enterprises, and occasionally one has gained distinction in financial circles, notwithstanding the well-known besetting handicap of unthriftiness in business matters and prodigality in charity.

Dr. Zina Pitcher (1797-1872) was distinguished for zeal in promoting education. As one of the regents of the University he addressed a memorial to the legislature on behalf of the regents which says, "On the first organization of the Board of Regents it included no clerical members. For this reason the University then *in futuro* was stigmatized as an infidel affair. Partly to disarm this opposition and more especially because they believed it to be a duty irrespective of it, the board was careful to introduce the element of religion into the branches."[44]

He was one of the incorporators of the Michigan Pioneer and Historical Society; was deeply interested in its activities and was its librarian in 1838. At its meeting in 1830 he gave a "treatise on the mode of preserving objects of natural history" and in 1831 presented a pair of antlers of elk killed near Fort Gratiot.[44]

It was through him that General Cass, then United States Minister to France, presented the society with the Pontiac Manuscripts, a contemporary narrative in French of the Siege of Detroit in 1763 by the Confederated Chiefs under Pontiac.

In 1859 he was appointed, by President Buchanan, Examiner of the Mint. He accompanied a Schoolcraft expedition.

"Before his second term (as mayor of Detroit) had expired he prevailed upon the members of the common council of the city to unite with him in petitioning the state legislature, which then held its sessions in Detroit, for the enactment of a law to authorize the establishment of public schools in the city of Detroit. The accomplishment of this object he considered the achievement of his life."[44]

He was instrumental in 1841 in procuring from the common council the appointment of a special committee to examine into the operations of the common school system as affecting Detroit.[44] He became chairman of the committee and recommended that the common council with the assent of the freemen petition the legislature to amend the city charter so as to give the council power to raise a fund for the support of the schools by direct taxation. The council petitioned, and a public meeting was called by "Dr. Pitcher and Father Kundig (a most influential and estimable Catholic priest)." The movement was opposed by the property owners. Dr. Douglass Houghton, who moved the resolutions, was later elected mayor as a public school candidate. In 1842 a bill drafted by Dr. Pitcher was passed by the legislature, and later Dr. Pitcher received thanks from the board of education for his able and efficient services in the cause of education. He is regarded as the father of our free public school system.

He was regent of the University of Michigan for many years. Before the central institution was built and opened at Ann Arbor in 1841 there were seven branches organized to carry into execution the plan of education devised for Michigan.[7]

As regent he made an appointment in 1838 of Rev. Mr. Fitch as principal of the Detroit branch of the University. The latter writes of him, "Dr. Pitcher, as all the world knows, was a gentleman, every inch of him, with more good sense than scholastic learning. It was a pleasure to have anything to do with him. He did everything consistent with duty, and if a request could not be granted he said 'no' with so good a grace that it was a pleasure to hear it. As Shenstone said of his mistress, 'So sweetly she bade me depart that I thought she bade me return.' "[44]

Dr. Zina Pitcher and Major Jonathan Kearsley were the two regents most active in selecting principals for the branches.[7]

"The survey of the state had been entrusted to the very efficient superintendence of Dr. Houghton; and this eminent gentleman, with the assistance of Dr. Sager as zoologist and Dr. Wright as botanist, brought to the University a collection of unusual value."[34]

Of Dr. Douglass Houghton (1809-1845), scientific explorer, excellent physician and dentist, much is recorded elsewhere in this history (*see* "Pioneer Physicians," "Prevailing Diseases," etc.).

He was appointed in 1831 by General Cass "Physician and Botanist to the Henry R. Schoolcraft Expedition to the sources of the Mississippi River."[17]

Competent in both medicine and dentistry he also displayed extreme interest in other lines. He was highly instrumental in promoting legislation in 1837 for appropriation for a geological survey. He was appointed state geologist. "This was the height of his ambition at the time, and under his able direction much of the mineral wealth of the state was discovered and located.[7]

"In 1844 surveyors under his direction discovered the great iron deposits at Marquette through a strange dip in the magnetic needle."[41]

He contributed considerable material to a museum for zoology and botany at the University.

"The existence of gold in the upper peninsula of Michigan has been known for a long time. So far back in our history as the days when our first geologist, Dr. Douglass Houghton, was examining the rock formations of this region gold was talked about as occurring here, and there is a story often told of how the doctor exhibited an eagle's quill filled with the metal."[41] (George A. Newett.)

Dr. Douglass Houghton was one of the University professors; was a member of the National Institute of Washington and of the Boston Society of Natural History; was an honorary member of the Royal Antiquarian Society of Copenhagen.

"More than a passing tribute is due to the little band of indefatigable naturalists of the early times who did so much pioneer work in developing all the resources of our fair state. First among them stands Dr. Douglass Houghton, while around him may be grouped Dr. Zina Pitcher of Detroit, Dr. Abram Sager of Ann Arbor, Dr. Dennis Cooley of Washington (Macomb County), Dr. Daniel Clark of Flint and Dr. Manley Miles of Lansing."

It is earnestly hoped that the fact may not be lost to the lay reader (should there be any) that the above men are all physicians.

"In Dr. Houghton's second annual report presented February 4, 1839, is found the first published report of 'Michigan Animals' by Dr. Sager. Dr. John Wright presented a catalogue of the plants of the state so far as observed." Dr. D. Cooley identified them (plants) "and prepared a manuscript catalogue containing 185 species." Dr. Dennis Cooley prepared in 1853 for the Smithsonian Institution, a list of the plants growing within ten miles of Cooley's Corners, Washington, Macomb County, containing over

900 species. Dr. Miles "made a valuable report containing a catalogue of the mammals, birds, reptiles and mollusks of Michigan."[44]

Dr. Douglass Houghton "was associated with all that was most cultural in the life of Detroit citizens."[7]

The young men of the town looked upon Dr. Houghton as a genius. He was one of the organizers of the Detroit Young Men's Society and was president thereof in the years 1833 and 1835.[13, 44]

He was an influential member of the Detroit Temperance Society but no bigot or fanatic. (*See* anecdote in "Pioneer Physicians.")

Though still young at the time of his tragic death, he had achieved results equalling the abundant allotment of a long life.

Dr. Arthur Livermore Porter joined the Michigan Historical Society in 1829, where he was affiliated with "the most prominent men of the town [Detroit] in politics, literature and science."[7]

He was much appreciated for his business qualifications and scholarship.

Dr. Louis Davenport of Detroit was, in 1857, a prominent member of the Michigan Pioneer and Historical Society. He presented to that organization a cabinet of minerals.[44]

Dr. Herman Kiefer (*see* biography in section on "Medical Education") practiced his profession in Detroit with the exception of two years, 1883 to 1835, when he was United States Consul at Stettin, Germany.

He was a member of the Detroit Board of Education in 1866-1867 and of the Public Library Commission in 1882-1883.

He was member of the Board of Regents of the University from 1889 to 1902.[40]

He made several valuable consular reports to the United States State Department, including papers upon the beet sugar industry, the "Extension of European Trade in the Orient," "American Trade with Stettin," "How Germany is Governed," and "Labor in Europe." He has contributed many articles to medical publications. He was a director of the Michigan Mutual Life Insurance Company, from 1883 to 1892, and vice president of the Wayne County Savings Bank, Detroit, from 1871 to 1883. He was a member of the Michigan State Medical Society, American Medical Association, American Academy of Political and Social Science, and the American Historical Association.

He was the distinctly representative German of his community, having been president of the Saengerfest of 1857, the Centennial of Schiller in 1858, the Festival of Humboldt, 1869, and the Peace Celebration at the close of the Franco-German War in 1871. He was as ardent a Republican as Peter Klein was a Democrat. Taken all in all, Dr. Kiefer was one of the most distinguished citizens of Michigan of his period, regardless of race. He was an active practitioner until his old age."[15]

During Dr. Kiefer's thirteen years' service as regent, 1889 to 1902, he "was chairman of the committee on the department of medicine and surgery and did important service in the building up and strengthening of that department."[15]

D. William Brodie was a director of the Young Men's Society in Detroit in 1857. He lived on Woodward Avenue in the fifties—later on Lafayette Avenue.

Mr. Van Buren writes in "Pioneer Annals of Calhoun County" that in "Jacksonburg we met Dr. King of Augusta who is now taking two of his sons, DeWitt and Chauncey, to Ann Arbor to school." (This was in 1836.)

Dr. King has been called "the father of Augusta."[44]

Dr. Abram Sager contributed considerable material to the University Museum of Zoology, Geology and Botany. In 1838 he offered before the Michigan Historical Society a resolution "that it would conduce to the progress of historical knowledge to form a collection of the crania of the North American tribes of Indians—that donations of such crania be solicited, and that it is expedient to have a course of lectures before the society on the subject."[44]

Dr. Sager was surgeon of the Brady Guards of Detroit in 1836.[13]

In 1856 school accommodations were much needed. Dr. L. H. Cobb of Detroit on behalf of the board "purchased the building of the Ladies of the Sacred Heart on Elmwood Avenue and personally supervised its moving across the commons to its present site on Larned Street and when there laid down the sidewalks and built the fences and outhouses principally with his own hands."[44]

He had been a student at the branch University.[44]

Dr. D. O. Farrand "made earnest efforts for the advancement of the cause of popular education in this city (Detroit) and was an effective advocate of the recent changes in the method of selecting the members of the board of education."[44]

He was also deeply interested in public health activities.

Dr. William Mottram represented St. Joseph County in the legislature of 1843. While acting in this capacity he took an active interest in educational affairs and was the author of a bill providing for the compulsory taxation of townships for the support of public libraries.

In general educational lines the early physicians of Michigan were prominent and progressive. Dr. William M. Campbell (partner of the highly esteemed Dr. Cox) was in 1838 school examiner and inspector in Battle Creek,[44] and in 1846 Dr. Orlando Moffatt was school director at Antwerp.[44]

Dr. William M. Campbell of Battle Creek (1809-1870—*See* "Pioneer Physicians") "liked scientific investigations, and for fourteen years made meteorological observations, and monthly reports to the Smithsonian Institution at Washington. He was an honorary member of the American Scientific Association."

Dr. Harrison organized the first union school in Battle Creek.[44]

The visits of Dr. John Beach (1797-1840) of Battle Creek to the family of Mr. Van Buren were "hailed with delight." He "would talk about the schools, education, books and other subjects in which my parents were interested. It was necessary sometimes for him to prolong the visit to his patient; he then turned the chair down on the floor and placing a pillow on its back would lie down and interest us for hours with conversation and varied narrations from his rich store of knowledge." The boy Van Buren remembered with deep appreciation the good advice he had received from his "kind hearted physician and genial friend."[44] He came to Michigan in 1836.

Dr. Chester S. Tucker of Coldwater left his extensive property interests to the Home Missionary Society of the Presbyterian Church.[22]

"Coldwater owes more to Dr. Tucker for the present proud position her schools occupy than to any other man."[44]

Dr. Daniel E. Clark of Flint was a cultured man of high type. Judge Gold is quoted as saying that the doctor had a wide range of knowledge and information. He was especially well posted in botany; was accomplished and resourceful as a physician. He was founder of the school library in Flint.

He contributed a paper on "Sewerage and Its Adjuncts" to the Sanitary Convention in Flint in 1880.[10] He gave the principles which should govern the laying of sewers, soil pipes, etc., and said that sewers should not be porous, but impervious to fluids. They should also be ventilated, but not into houses."

"Dr. Henry Taylor came from Cayuga County, New York, to Rochester in Oakland County in 1824. He came through this (Mt. Clemens) region on an exploring tour in 1825. He says there were scarcely a dozen families in the county in 1824 besides those at this center and vicinity. He removed here in 1826 and first stopped among the families of Tuckers down the river. A part of the first three years he spent in teaching school in that neighborhood. He removed to this village in 1829 where he has been faithfully and successfully fighting the varied forms of disease for the last thirty years."[44] (Read before the Mt. Clemens Lyceum, March 23, 1858.)

Dr. John L. Whiting, registrar of the University of Michigan, appointed in 1817, writes February 28, 1818, to Solomon Sibley, transmitting a commission from the University of Michigan appointing Mr. Sibley one of the trustees and visitors of the Classical Academy of Detroit. He was the first librarian of the Michigan Historical Society and one of the incorporators thereof.[44]

Dr. M. A. Patterson, regent of the University from the first district, addressed the graduates of the medical department in 1853 on "The Romance and Reality of Ancient Medicine." It was "an able address, manifesting a great amount of research, written in a style, and we have no doubt, delivered in a manner worthy of the subject and the occasion."[47]

Dr. Oliver C. Comstock (the elder) served as member of the Board of Regents of the University of Michigan, 1841-1843, as superintendent of public instruction, 1843-1845, as representative from Branch County, 1849.

He was the first judge of Seneca County, and the first postmaster of

Trumansburg, New York; was three times elected to Congress and was one of the commissioners to settle the claims of war sufferers on the Niagara frontier. He was ordained to the Baptist ministry, was for several years pastor of the First Baptist Church in Rochester, New York, then became chaplain to Congress.

He practiced medicine until 1825, but not in Michigan.[40]

Grateful acknowledgment is made to the Burton Historical Collection for furnishing the following material concerning the eminent physician, clergyman, stateman and educator, Oliver Cromwell Comstock:

"Oliver Cromwell Comstock, the third superintendent of public instruction of Michigan, was born in Warwick, Kent County, Rhode Island, March 1, 1781. He was the son of Hon. Adam Comstock, one of the most respected citizens and influential legislators of his day. The early education of Dr. Comstock was acquired in the schools of Schenectady and Greenfield, New York. From his childhood he was known as a close student. He afterward entered the University of New York and graduated from the medical department. For a short time he practiced medicine near Cayuga Bridge, where he married Lydia Smith, daughter of Judge Grover Smith, of Seneca County. Following in the footsteps of his honored father, he early entered political life. He was the member of Assembly from Seneca County from 1810 to 1812; judge of Seneca County in 1812; the first judge of Tompkins County in 1817; member of the House of Representatives during the thirteenth, fourteenth, and fifteenth sessions of the United States Congress. He was ordained a Baptist minister at Washington, D. C., in 1820, but after retiring from Congress he resumed the practice of medicine at Trumansburg, New York, where he remained until 1828. During this period he organized churches at Trumansburg and Ithaca. In 1828 he gave up the practice of medicine and accepted a call to the pastorate of a church at Rochester. While pastor at Rochester, Dr. Comstock was deeply afflicted by the death of his wife. Sad, lonely, and heartweary, with health impaired, he resigned his charge at Rochester in 1834, and sought change and rest. Visiting Washington, he was elected chaplain of the House of Representatives and served during one term. He was then called to the pastoral charge of the First Baptist Church of Norfolk, Virginia, where he remained for nearly two years. On leaving Virginia, Dr. Comstock came to Michigan, and accepted the pastorate of a church in Detroit, preaching afterward as a supply to the churches in Ann Arbor, Jackson, Marshall and Coldwater. In 1849 he was elected to the state legislature as representative from Branch County, and here he manifested the same interest in the public weal and the advancemnt of the highest interests of the state, which had distinguished him in preceding years.

"His first quarter's salary as postmaster at Trumansburg, New York, was one dollar and eighty-one cents. He was three times elected to Congress from a large and enlightened district. In the House of Representatives, he was an able debater, and a consistent, upright public servant. At the close of his congressional labors he was appointed one of the commissioners to settle the claims of war sufferers on the Niagara frontier. This delicate duty was discharged to the satisfaction of both the government and the claimants. He declined a renomination for Congress; and continued the practice of medicine at Trumansburg until his eldest son, his namesake, succeeded him in 1825. For several years after, this Dr. Comstock was pastor of the First Baptist Church in Rochester. During the great revival of 1831, Grover S. Comstock, his son, then a lawyer in Rochester, was converted, and immediately, as he expressed it, 'took a retainer from the Lord Jesus Christ and entered the Christian ministry.' This son afterwards went as a missionary to India, and died of cholera, at Akyab, in 1844. Soon after the death of his wife in 1834, Dr. Comstock resigned his pastoral charge in Rochester, and was appointed chaplain to Congress. He was twice elected superintendent of public instruction of Michigan; and at that time had his office at Ann Arbor. His lucid and scholarly reports attest not only his eminent fitness for the position, but the hearty earnestness with which he discharged its obligations. He died at the home of his son, Dr. Oliver C. Comstock, Jr., in Marshall, Calhoun County, in the seventy-ninth year of his age. In the meridian of life, he was a man of commanding presence, tall and well proportioned. He had a kindly, intellectual countenance, and courteous, refined manners. He left the halls of Congress, and the highest walks of social life, to become a minister of the Gospel. In all positions he was the true man, the courteous citizen, the kind, affectionate, tender, Christian friend. Heaven endowed him with a great intellect, and also gave him a great heart, which was ever running over with love for the whole human family."[53]

Dr. J. H. Beech of Coldwater was a naturalist and botanist. He delivered the commencement address to the University Medical graduates in 1858. It is full of plain, practical, excellent suggestion.[46]

Dr. Joseph L. Valade, born at Dover, East Ontario, March 28, 1822, attended school in Detroit 1833 to 1837, then at Dundas, Ontario, until 1844. He taught French until 1848, when he began medical study with Dr. Pitcher. He attended medical lectures at Trinity, Toronto, and at Ann Arbor; established himself in practice at Vienna, Monroe County. He represented that county in the legislature of 1877-1878.[40]

Dr. Charles Rynd was born in Donegal County, Ireland, December 28, 1836. In his fifteenth year he came to Canada. He taught for five years at St. Mary's College.

He was graduated in medicine at the University of Michigan in 1859 and began practice in Adrian. He served on the common council and on the board of education; was a delegate to the national Republican convention in 1876.

"He was a fluent speaker and a ready writer; was highly influential in the Republican party; was member of the board of regents of the University during the critical years, 1872-1880."[40] (*See* "Controversies.")

Dr. Daniel Hudson, a retired physician of Marshall, was appointed regent of the University in 1840. He died shortly after the expiration of his term in 1841.[40]

Dr. James R. McGurk (1843-1894) born in Belfast, Ireland, came with his parents to Hamilton, Canada, in 1848; studied medicine in Canada, Ann Arbor and Detroit, graduating at Detroit Medical College in 1870; was for six years a teacher.

He was for many years town superintendent of schools at Capac, where he began practice; was representative in 1879-1880 and senator from the twenty-first district 1881-1882;[40] was sometime member of the pension examining board.[54]

"In January, 1863, Dr. R. C. Kedzie was appointed professor of chemistry in the Michigan Agricultural College, a position he still [1897] holds and honors. He was elected a representative in the state legislature for the first district of Ingham County in 1866, his object in taking the office being to promote the welfare of the agricultural college.

"The eleven years of Dr. Kedzie's residence in Vermontville were the best years in its intellectual life. An intelligent physician is brought every day into close association with the people. In organizing "The Antediluvian Society" he took the lead. Meetings were held at the houses of members, original papers read, and much interest aroused. It was like many of the clubs in villages and cities today. His library had a number of readable volumes. In selecting books for the township library, at that time an excellent institution, his knowledge and advice were of great value. Positive and keen, a lover of liberty and hater of shams, true to his friends and fond of the sports of the forest, no man had a stronger and better influence in moulding public opinion and in giving a healthy and manly tone to society during the decade that preceded the Civil War."[44]

Robert Clark Kedzie was born at Delhi, New York, January 28, 1823. His parents were of Scotch descent, and when he was a small lad moved to a location comprising three hundred acres of virgin forest west of Monroe, Michigan. In 1841, with a borrowed capital of twenty-five dollars, he entered Oberlin College, and on graduating, in 1845, taught in Rochester (Michigan) Academy for two years. In 1851 he graduated in the first class of the medical department of Michigan University and settled in Vermontville, Michigan, until he enlisted for the war. In 1861, he entered the army as surgeon of the twelfth regiment of Michigan volunteers. After the battle of Shiloh he was taken prisoner while caring for his wounded, and on release was so ill that he returned home. On his recovery he accepted the chair of chemistry in the agricultural college at Lansing and in 1863 moved his family there. He was president of the Michigan State Medical Society in 1874. Dr. Kedzie was a large man physically, mentally and morally; large head, high brow, firm chin, prominent nose, blue, penetrating eyes, quick in movement and speech, his countenance kindly and expression winning. When he began his work at Lansing there was a widespread belief that the waters in flowing wells lined with iron tubing were magnetic and their exploitation for gain was common. Dr. Kedzie made an exhaustive study of the phenomena and showed that it was due to the earth's magnetism collected on the metal tubing and not in the water.

Magnetic wells for medicinal purposes vanished, to be heard of no more. He demonstrated that the destruction of lives and property due to explosions of kerosene oil arose from improper methods of detecting explosive grades of oil. He showed the legislature the proper methods and induced that body to pass a law enforcing their adoption, and destruction of life and property ceased. He also conducted the studies which proved that sugar beets would grow profitably in Michigan, thus opening the way for a business of many millions yearly. By sanitary conventions under the direction of the Michigan State Board of Health, he induced every community by its leading citizens to study its own sanitary conditions. Later he promoted farmers' institutes, now numbering several hundreds, by which chemical science was applied to little communities of farmers, so helping them to larger prosperity, and some thirty-two valuable papers on "Municipal Health" testify to his keen oversight of the public good. In 1850 Dr. R. C. Kedzie married Harriet Fairchild of Ohio. He died November 7, 1902, from apoplexy, at Lansing, Michigan. His valuable papers, chiefly state reports, included:

Magnetic Conditions of Mineral Wells (Detroit Review of Medicine & Pharmacy, Vol. VI).
Poisonous Paper (Report of Michigan State Board of Health, 1873).
Meteorology of Central Michigan (Transactions Michigan State Board of Health, 1874).
Use of Poisons in Agriculture (Ibid., 1875).
Yellow Fever at Memphis (Ibid., 1880).
Relations of Soil Water to Health (Transactions of Pontiac Sanitary Convention, 1883).[53]

"The next resident physician [Vermontville] was Dr. Robert C. Kedzie, now professor of chemistry at the State Agricultural College. The family name is also associated with Kedzie's Grove in Lenawee County, which I find was an established postoffice in 1839, when there were but five other postoffices in that county. In February, 1852, he moved from Kalamazoo to Vermontville. His real wealth then consisted of pluck, character, education, profession, wife and a seven-months-old baby; his perishable wealth, two wagon-loads of household furniture, a small stock of medicine, a saddle-horse, and three dollars in cash. The family found shelter in the hospitable log house of Daniel Barber, until he could fit up and make habitable the vacated log structure of Lemuel Standish who had moved away, and one-half of his cash was invested in 7 × 9 window glass to keep out the weather. One day, hungering for 'the meat that perisheth,' he went to R. W. Griswold and asked him: 'Can you lend me Noah's second son?' The reply came promptly: 'Shem, Ham—by thunder, yes!—you shall have Noah's second son.' Then in his whole-souled way he handed the doctor a nice fat ham.

"Looking backward, it seems clear that Dr. Kedzie added more to the life and character of the village than any other one person." "He came to Michigan in 1826 with his father, William Kedzie, after whom the Kedzie's Grove postoffice was named, and of which he was the first postmaster. The name of the office was afterward changed to Deerfield.

"When, in 1873, the State Board of Health was established, he was appointed one of its six members and continued in that position under reappointment until 1891. In this position he had much to do with the establishment of kerosene oil inspection; was a most useful member of the board. He took an active part in sanitary conventions."[44]

Governor Fred W. Green, in addressing the Michigan State Medical Society at its meeting in Detroit in 1928, read the following letter of Governor John J. Bagley, appointing Professor Robert C. Kedzie as a member of the State Board of Health. It is dated May 1, 1873.

> "I enclose herewith your commission as a member of the State Board of Health to which I have taken the liberty of nominating you and I hope you may accept the appointment.
>
> "I take the liberty of suggesting that the success of the measure depends altogether on the board and not upon the law. If they accomplish something practical the people see of use in daily life and bring to the discharge of their duties plenty of the practical and not too much theory, avoid long disquisitions and elaborations, and bring the people into close communication with them in their work, I do not doubt the board of health will remain a state institution and be of inestimable value to the state.
>
> "Please excuse the suggestions, but my own earnest desire to make it a success is my only reason for offering them."

Governor Green added, "So, you see, when I suggest a closer contact with the public, I am merely echoing an axiom formulated by a leader of the people long ago."

Dr. Kedzie was soldier, surgeon, scientist, sanitarian.

The following are excerpts from an article by his son, Professor Frank Kedzie, on "The Work of Dr. Robert Clark Kedzie as a Pioneer":

> "Of all the various kinds of work which he [Dr. Kedzie] undertook to accomplish, no task was greater than that imposed upon him by the work of this board [State Board of Health]. At no other time in his life was he ever so maligned, misused, mistrusted and berated as in his attitude on the question of the inspection of illuminating oils. He was right in his position on the subject and time has proved it.
>
> "My mother's kitchen stove was generally partially occupied with kettles smelling of various simmering drugs; the table in the front room decked out with bottles of quinine and calomel flanked by jars of jalap. In those days the practicing physician must find the time to prepare his own medicines, take them along in his saddle bags and be ready at a moment's notice to pull teeth, using the well-known turnkey, which in appearance and application closely resembled its congener, the stump and root puller used in clearing land. With from five to seven horses in the stable for use on these rides night and day across the territory of Eaton and Barry Counties, relieving the constant strain of a large practice by enlisting in the army and doing duty as camp and hospital surgeon, the opening of the year 1863 found my father's health not in the best condition. He had worn himself out in answering the severe demands made upon the pioneer physician. Besides this, a new and important question of paramount interest had arisen, viz.: How was a country doctor with a small cash income, much good will and many book accounts to educate three boys and put them through college? The need of education for those boys, that pressing necessity which he had himself so strongly felt twenty-five years before, was now the question to be solved for them.
>
> "It was accomplished by the election of Robert Clark Kedzie, on his fortieth birthday, January 28, 1863, to the chair of chemistry in the State Agricultural College at Lansing, an institution located somewhere in the woods near the capital city—none of our friends knew exactly where.
>
> "Dr. Kedzie entered into this new field of applied chemistry as a pioneer teacher in a pioneer college; he taught the principles of chemistry in lecture room and laboratory during the forenoon and conducted experiments, assisted by his students, in the field in the afternoon. One of the first subjects for investigation was the chemical nature and physical

properties of muck and its value as fertilizer alone, or when mixed with plaster or salt and applied to corn and potatoes. A class of five young men did the entire work of the experiment—applying the fertilizing materials to the crop, assisting in analyzing the muck, recording and reporting the results individually.

"Conditions of climate being so intimately connected with the production of crops and the studies of the causes modifying the climate being so important to the farmer, a system of meteorological observations was established in April, 1863, and has been kept continuously since that date. This system of observations, made three times daily, is now the oldest continuous record existent in the north central portion of the United States.

"Besides his work in the teaching of chemistry, Dr. Kedzie wrote and delivered a course of lectures in meteorology, which was ever a popular study with the students.

"The close association of teacher and student necessitated by such methods of work and study brought them into so intimate relations and left such an impression that the forty years which have elapsed since this kind of work was begun seem but yesterday in the minds of those students.

"One year when the extra class work was apportioned, a class in arithmetic in the preparatory course fell to my father's care. Rather than devote the time to teaching this class, he exchanged work with Professor Fairchild, agreeing to preach for him each alternate Sunday if the professor would take charge of the arithmetic class.

"Elected to the legislature from this district, he served in the session of 1867, and was the chairman of a special committee, consisting of Messrs. J. J. Woodman and O. H. Fellows, who recommended to the legislature the remission of taxes up to a certain amount for the planting of trees along the highway, and also that in each county the board of supervisors should determine whether cattle should be allowed to run at large on the highway.

"As early as 1865 and in the succeeding session of 1867, Dr. Kedzie urged before the legislature the necessity for forest preservation for climatic and industrial reasons. He recommended that strips of timber of certain area on each farm, running in a north and south direction, thus serving as wind breaks, be exempt from taxation as well as all lands planted to new forests.

"In 1867 the Colorado potato bug swam Lake Michigan and presented itself without letters of introduction to the farmers of the western part of our state. From then on it was a question how to raise potatoes in defiance of this rapidly multiplying insect enemy. White arsenic and Paris green were each tried, the former being equally poisonous to plants and bugs, seemed the proper weapon for defense. The use of poisons and spraying mixtures, so common now, was unheard of then. Just as people were congratulating themselves over the discovery of the safety and efficacy of Paris green, a writer in the *Country Gentleman* announced that the application of Paris green year after year to kill the potato bugs would poison the soil so that succeeding crops would be unfit for food. Dr. Kedzie immediately took the matter up and showed conclusively by a carefully conducted experiment that no arsenic could exist for any length of time in a soluble condition in the soil, so that the supposed danger from the absorption of arsenic by succeeding crops was purely imaginary. Later he did other work along the line of poisonous means of defense against the insect enemies of farmers and fruit growers, devising a method for preparation of calcium arsenite, called the Kedzie formula. Yesterday I received a letter from one of his students in South Australia. I quote a paragraph: 'It may be interesting to know that Dr. Kedzie's work is appreciated in this part of the world, for on the tongue of every orchardist here is the praise of the Kedzie formula for destroying Codling moths. It is the remedy universally used and it gives universal satisfaction.'

"Coldwater at that time was the distributing point for a large lightning rod interest, and the business manager of the concern was present when the home-made affair was advocated. Certain questions were asked the doctor by the lightning rod man. Did lightning go through the mass of the rod, or was it conveyed merely on the surface? His reply was that he was quite sure that it was conducted through the mass of the rod. The lightning rod man then said, 'Well, Doctor, Professor Joseph Henry, secretary of the Smithsonian Institution at Washington, says not. He says it is conveyed only on the surface. Do you *presume* to differ with such an authority?' Dr. Kedzie *presumed* that he did. How well I remember the succeeding summer. I was busy turning the big glass wheel of the electrical machine while my father experimented with gun barrels, iron and glass tubes coated with tin foil—drawing sparks from the inside and outside. Correspondence was opened with Professor Henry, and the outcome of the controversy was an acknowledgment by the professor that Dr. Kedzie's experiments seemed to disprove the statement that lightning was conveyed only at the surface of a conductor and that he [Professor Henry] would experiment further himself and write again. The incident closed there. Since that time many farmers have found the simple, home-made round iron rod advocated by Dr. Kedzie efficient and ample protection against lightning and lightning rod agents.

"Dr. Kedzie's next step was to establish conclusively that Clawson flour would make good bread. Representative bread makers were given several different kinds of flour unmarked as to kind with the request that they make it into bread and return again bearing their loaves with them. This jury of ladies then together judged the loaves. Clawson flour stood the test; bread made from it ranked as being among the best, and the verdict against Clawson flour was reversed. The findings of this jury were published throughout Michigan and by means of it thousands of dollars saved to the wheat growers of our state. This was my father's first formal introduction to the milling interests of Michigan, but lest a wrong impression be left with you by what I have said, let me state that the Clawson incident led to a better acquaintance and coöperation between the State Millers' Association and the doctor, both seeking together to introduce new, hardy and better varieties of wheat from year to year. Several years later the State Millers' Association at one of their meetings passed this resolution:

" 'Resolved, That this Association recommend the farmers of Michigan to raise Hungarian wheat, from Budapest . . . and especially Dawson's Golden Chaff for a white wheat, these varieties being the most valuable to Dr. Kedzie's analysis.'

"My father's work as one of the pioneers in the beet sugar industry is too recent and too well known to require mention here. It is sufficient to say that the experimental work carried out by the college under his direction was certainly the means for bringing to the notice of capitalists the suitability of Michigan soil and climate to the culture of sugar beets, and so helped to found an industry whose yearly output reaches into the millions of dollars."[44]

Dr. George W. Topping was born in Mentz, Cayuga County, New York, December 11, 1827, of English stock. His boyhood was spent on a farm. He attended district schools, the Croton Academy, Tompkins County, and the Normal School in Albany. To the latter he was appointed by the county board who gave a full scholarship to the most successful teacher in the county. He had been a clerk in a collector's office in Montezuma on the Erie Canal. He spent one term in the medical department, Wooster University, Cleveland, and three years in mining in California, then came to Lockport, New York, and began the study of Latin and German; was graduated at the University of Michigan medical department in 1854, and located in DeWitt.

He was skillful as a surgeon, a frequent contributor to medical journals and a vigorous thinker. In politics he was an independent Democrat; was a member of the Masonic and Odd Fellow fraternities. (*See* "Controversies.")

He died January 14, 1895.[44]

Dr. L. Anna Ballard, a successful physician of Lansing, was a student in Dr. Topping's office.

Dr. Isaac Snyder practiced medicine in Summit township, Jackson County, from 1847. From 1850 to 1852, he conducted a drug store in Jackson, "then back to his farm again."[5]

His sometime partner, Dr. I. H. Bartholomew of Lansing, prepared for the "Transactions Michigan State Medical Society," 1889, a memorial of Dr. H. B. Shank (1820-1889) who died in Lansing "where just forty years before he cleared the original forest to build the house in which he died."

"He was a member of the old State Medical Society and was its last president." The depressed condition of the profession and its interests were, before 1850, so intolerable to the pioneers in medicine that while "no great exhibition of fuss and feathers was seen" a "sufficient amount of quiet work was done to elect to the Constitutional Convention a majority which so remodeled the organic law of the state as to secure the immediate establishment of the college of medicine and surgery in the University." Dr. Shank exerted "more than his normal share of influence in this great work."

"One of us" of the history committee remembers well Dr. Shank's "home." It was regarded as palatial in his boyhood.

Dr. H. B. Shank of Lansing, a pioneer physician (1848), died in 1889, aged sixty-eight years.

He was surgeon of the Eighth Michigan Regiment, was sometime president of the State Medical Society—was a member of the legislature. (*See* "Controversies.")

All forward looking men have enjoyed the backward look from time to time, and all interesting men of the writer's acquaintance (he hasn't the honor of knowing Henry Ford) have enjoyed the study of history. Dr. H. B. Shank of Lansing joined the Michigan Pioneer and Historical Society in 1857. This was the year following an episode in which he played an important part. Except for his obstetrical care and attentiveness, this particular paragraph would never have been written.

Dr. L. Anna Ballard of Lansing "spoke eloquently and reverently," says the *Lansing Republican,* "at the funeral of Dr. Hulbert B. Shank held April 26, 1889." Her tribute, published in *The American Lancet,* justifies this expression. Coming to Lansing in 1848, after graduating from the Geneva Medical College, he "cleared a spot of ground and here he built his home and office where he maintained it ever since. Forty-three years of kindly, honest service in his profession and for humanity. . . . His was a rugged character. The pioneer days of Michigan demanded rugged work. This was the man for the work. His cordial bearing won him confidence. Two of the elements that made up his successful career were self-reliance and self-possession . . . he possessed that bold daring that is sometimes the physician's only refuge. There is a daring that is sublime."

From the organization of the City Medical Society in 1882 he was "an enthusiastic member and one of the most faithful in attendance."

At the March meeting before his death, he read a paper entitled "A Question in Histology, or is the Red Blood Corpuscle a Magnet." "This subject had been his study for twenty years." Publication was made in the *Medical Age, Detroit.* "Hours he spent," said Dr. Ballard, "with the microscope, watching the peculiar conduct of those minute bodies, or searching authorities for some hint of the theory which he was studying."

In the same year with Dr. Shank, Dr. A. B. Palmer was elected to membership in the Michigan Historical Society.[44]

Dr. A. L. Porter of Detroit and Dr. Rufus T. Bement of Dexter were elected members of the Michigan Pioneer and Historical Society in 1838.[44]

Dr. E. P. Christian of Wyandotte was a clear and convincing writer. His history of Wyandotte in "Michigan Pioneer Collections" (Volume XIII, Page 210), is an extremely interesting product.

Dr. Orlando Moffatt was, in 1848, school director at Antwerp.[44]

Dr. Jonathan Bement Chapin came to Michigan in 1842. He died in Battle Creek, April 13, 1891, "like a shock of corn fully ripe," aged 85 years, 9 months, 19 days.

His medical achievements are but briefly mentioned in the memorial notice read at the annual meeting of the Michigan Pioneer Society, but in this agnostic age it will be gratifying to many to know that "the energy, zeal, wonderful faith and will power of his Christian character were soon felt for miles around," that he "took an active part in the promotion of the various moral reforms of the day such as temperance, anti-slavery and social purity," "was the earnest advocate of education and religion," and that he "frequently conducted Sabbath services in destitute communities."

"His skill in the healing art and surgery was experimentally known to many and in the care of the poor often bestowed without money and without price."[44]

The reviewer desires to call particular attention to the fact that he is not responsible for the phraseology "healing art *and* surgery."

Dr. Alva Randall, who located in Bronson in 1835, was also influential in religious circles. He was a Methodist, was a hospitable soul and "always welcomed the circuit rider."[44]

Dr. Eugene V. Chase (*See* Volume I, Chapter IX) represented Clinton County in the legislatures of 1877-1878, 1879-1880.

He was born in Trumbull County, Ohio, September 6, 1833, was graduated from the medical department, University of Michigan, in 1856; practiced medicine in Ovid, then in Elsie. In 1861 he enlisted in the First Michigan Cavalry. He served through the Civil War, rising to the rank of first lieutenant.

He was several times supervisor of Duplain, and was chairman of the county board. He was a Republican in politics.[40]

He was commissioned first lieutenant, March 7, 1865; honorably discharged, March 10, 1866.[42]

In 1835 or 1836 two bachelors located at Grand Haven. One of these, Dr. Sidney P. Williams, "though born in Massachusetts was educated in France, an accomplished gentleman in every respect. Captain Carver was rather a rough man, a sailor from boyhood." They "built a residence for their own use, the upper story of which was nicely furnished, the walls adorned with paintings, mostly their own work, and each had a library separate and distinct in this peculiarity, Dr. Williams' contained the classics of ancient and modern times and these only."[44]

Dr. William H. Young of Nashville was born in Ontario in 1840, died March 23, 1901. He formerly taught school and was graduated at the Toronto Normal. He engaged in mercantile pursuits in Middlesex County, Ontario. Later he was graduated in medicine at Toronto University and took a supplementary course in the Detroit College of Medicine. He enjoyed a large and lucrative practice.[14]

Linden, Michigan.
June 4, 1928

Dr. C. B. Burr
Dear Sir:

Your letter to James K. Burr of this place has been handed to me to answer. From a scrap book, I copy an obituary notice published in the Linden paper at the time of Dr. Chase's death.

"Dr. Chase Deceased

"Dr. Harvey Henderson Chase was born February 11, 1849, at Salem, Indiana, and died March 28, 1914, at Shelbyville, Indiana.

"He was graduated from Columbia College, New York, with the degree of Doctor of Medicine, February 22, 1872. He was married October 28, 1877, to Sarah Elizabeth Brown.

"He went to California in 1882 and remained about one year. He then returned to Linden in 1884, which has been his home ever since.

"He became a Master Mason and member of Linden Lodge Number 132 on December 24, 1878. He was secretary of the lodge for about fifteen years, and was subsequently master of the lodge for one year.

"His wife died October 4, 1913.

"About twenty-five years ago, Dr. Chase attained great prominence in the microscopical world by his work on the diatomaceæ. Habirshaw had published his catalogue of the diatomaceæ many years before Dr. Chase became interested in the subject. Dr. Chase made so thorough study of this branch that he was able to enlarge the catalogue of the diatomaceæ to three times the size of the Habirshaw catalogue. His work was appreciated by the learned societies of the world and the British Museum, and several universities of Europe obtained from Dr. Chase copies of his catalogue.

"The work was of interest only to scientific persons and was of such technical nature that its publication could not be undertaken, and therefore the copies furnished to the learned societies were all type-written by Dr. Chase. When he was engaged in his microscopical work, he had a world wide correspondence in many languages, and obtained specimens from nearly all countries of the globe.

"The only blood relative to survive the doctor is Dr. John H. Wade of Byers, Texas, who is first cousin.

"The doctor was universally liked by all his acquaintances, and his intimate friends will always remember and cherish the delightful hours spent in his company.

"He was a true friend and, as a necessary consequence, had many true friends. He was an unusually conscientious and upright man with strong religious convictions. He was a theosophist and was a corresponding member of the Oriental Esoteric Council of Washington, D. C.

"The Masonic Lodge has lost a true brother; the village, a good citizen; and many friends, a true friend.

"The funeral services were held Tuesday at the residence of Mr. Fred Middlesworth, Rev. Ostrander officiating, burial in Fairview Cemetery."

To the above I might add that Dr. Chase was of a very retiring disposition, but he had the brightest, quickest mind of any person with whom I ever came in contact.

Yours truly,

JAMES H. MCFARLAN.

Dr. J. M. Bigelow (1804-1878) of Detroit was a charter member of the Detroit Academy of Medicine. Born at Middlebury, Vermont, and deprived of early school advantages by the removal of his parents to Ohio when he was quite young, he employed leisure hours in poring over books and eventually qualified himself to teach district school and to earn the means to pursue medical study. He graduated in Cincinnati, located in Lancaster, Ohio, and soon rose to eminence in his profession. He became interested in and an authority upon botany; in 1847 published a catalogue of plants growing in Garfield County, Ohio.

He became physician and botanist to the Mexican Boundary Commission and later botanist to an expedition concerned with Pacific railroad surveys. Here again he made a large collection of plants, and the results of his work were published in *Pacific Railway Reports.* In 1860 he was given charge of the meteorological department of the North and West lake surveys and at this time moved to Detroit. Dr. Noyes, who wrote a memorial notice of Dr. Bigelow, mentions that then, in 1863, they first made acquaintance, Dr. Noyes having occasion to consult him in reference to the properties of a weed, *euphorbia maculata,* "much used at that time by a certain physician for the cure of dysentery." He impressed Dr. Noyes for his "singular modesty," lack of pretentiousness, and charm of manner.

He was appointed by President Johnson physician to the Marine Hospital, Detroit. In 1868 when Detroit Medical College was organized he became professor of botany.

He retired from practice to enter into the manufacture of soapina.

He endured a protracted and painful illness due to fracture of the thigh with remarkable composure and resignation, and always appeared extremely thankful for the least thing done for him by a friend. Apprised of the nearness of death, "he had, he said, 'neglected nothing his church could do for him and was ready and willing to go.' *Requiescat in pace.*"[10]

In a series of articles published in *Detroit Review of Medicine and Pharmacy* this distinguished investigator has written largely of the flora of southwestern states and territories. Of especial interest is an allusion to the California poppy, "very abundant, very ornamental and easily propagated." This is accompanied by the conjecture that "the universal narcotic activity and other medicinal characters of the order would lead us to infer that it might possess valuable medicinal properties and such also as might lead to important results in practical medicine"—a conjecture still unverified.

In consequence of a paper before the American Medical Association in 1867 by Dr. Bigelow, the following resolution was adopted:

> "RESOLVED: That a Committee of three be appointed by the Chair whose duty it shall be to memorialize Congress relative to the cultivation of the cinchona tree."[11]

Of "The Jackson Club of Microscopy" organized in 1880, Dr. J. T. Main was president and Dr. N. H. Williams treasurer.[27]

Dr. Henry Dwight Kendall of Grand Rapids, born in Massachusetts in 1815, was demonstrator of anatomy in his Alma Mater, the Fairfield Medical School, prior and subsequent to graduation therefrom. He practiced five years in Cleveland (1839-1844) and for the succeeding five years in Norwich, New York.

He engaged in mercantile life until 1879 when he came to Grand Rapids; was an enthusiastic microscopist, a member of the American Microscopical Society and of the American Association for the Advancement of Science. (1891.)[24]

Dr. Jens Sorenson, born in 1863 in Denmark, a polyglot, speaking and writing twelve languages, who had extensive practice on shipboard, in foreign countries and in Nebraska, was given transportation by a steamship company to the World's Fair in Chicago and remained in this country.

He was, in 1900, "the only graduate of the University of Denmark in Michigan" and "the only X-ray expert in Grand Rapids," where he was then constructing X-ray machines.[16]

Dr. Charles Whitney (1844-1928), for sixty years a practitioner of medicine in Montrose, was a life member of the Masonic Order and was for several years a licensed preacher. He taught school in his youth and was also an instructor in vocal music. "He had spent many hours playing his violin and singing favorite songs."[14]

"Dr. John Kost got into Adrian in 1867 by his selection as professor of chemistry and geology in Adrian College. He was an Ohio man, born in 1819, his great-grandfather having been an emigrant from the Palatinate, and his grandfather, Michael Kost, a forage-master in the army of the Revolution. He began studying medicine when he was sixteen, under Drs. McGowan and Tuttle, of Coshocton, Ohio, was licensed to practice, leaned toward the eclectic school, started a program of reform in medicine, became professor of materia medica and therapeutics in the University of Cincinnati, and published books on these subjects and upon the theory and practice of medicine. The latter were translated into German and circulated abroad. During this period he was also a professor for some months of each year in the Medical College of Worcester, Massachusetts. He left Adrian in 1867 to become president of Marshall College in Illinois, but returned to Adrian, where he retired. He was a minister of the Methodist Church for thirty-five years, serving irregularly in this capacity.

He was the discoverer of several alkaloids and resinoids which have found their places in materia medica. Among these there is claimed for him the extraction of podophyllin from the mandrake root, which he exhibited to classes at Worcester in 1848, and in Cincinnati in 1849, before any other claimant to the discovery had asserted himself."[15]

"Johnson W. Hagadorn (1839-1910), a leading physician of Lansing, was born near South Lyon, in Oakland County, attended the school there, entered the State Normal School at Ypsilanti and afterward taught for a few years. He entered the medical department of the University of Michigan and graduated in 1870. For two years he practiced at Ovid and in 1873 came to Lansing, where he soon took his place as one of the leading practitioners of the city. Dr. Hagadorn also ran a large farm east of the city on which he raised many fine horses, of which he was always a lover.

"Dr. Hagadorn was one of those rare men who looked upon the practice of medicine as a mission rather than as a profession. To the physician comes opportunities for doing good, kind acts that no other profession offers, and Dr. Hagadorn was one who never shirked the responsibilities that his position thrust upon him. To his clients he was a friend first and one whose knowledge of medicine only gave him greater opportunity to show his friendship."[44]

Said F. R. Stebbins in April, 1879, "I remember soon after my arrival [in Palmyra in 1837], becoming acquainted with a young millwright, who was working in the flouring mill. He was diffident in society, to awkward bashfulness. One day he strolled into the little office of Dr. Loomis, the village physician, and accidentally taking up a book on surgery, his mechanic's eye was interested in the wonderful complications of the human system. His interest became a study and after a course with Spalding and Barnard, in Adrian, he graduated in the medical school of Cleveland, moved to Detroit, and Dr. E. M. Clark, long before he died, was acknowledged as one of the first surgeons of the West."[18]

Dr. Eliphalet M. Clark was distantly related by marriage to Mr. Gamaliel Bradford who writes to Mr. Burton that as a youth he worked as a canal boy on one of the boats. He was born in 1815, came to Detroit in 1846, took an active part in combating the cholera in 1854, was an early member of the Young Men's Christian Association of Detroit and was a delegate to the Cincinnati convention in 1855.

He undertook, with Mr. Caleb Van Husan in 1855, the manufacture of locomotives. He purchased the National Hotel which subsequently became the Russell House, later the Pontchartrain Hotel, and still later the site of the First National Bank.

Dr. Justin Rice came from Schoharie, New York, where he had been practicing in 1825, and for ten years lived on Jefferson Avenue below Cass Street.

He gave up the drug business and the practice of medicine and went into lumbering. He introduced the idea of burning sawdust instead of dumping it into the river. His first mill was on Hastings Street, Detroit, thence he moved to St. Clair and lumbered on Black River; was a man of great business activity. In 1842 he was Indian commissioner stationed at Mackinac. He accompanied Robert Stuart, agent for the United States Government, to LaPointe, Wisconsin, to negotiate with the Chippewa Indians for the extinction of title to lands. At Dr. Borah's in LaPointe there were experiments in mesmerism. Recovery of one subject of this experimentation was so long delayed that the party was much alarmed.

Dr. Rice died at Detroit, April 25, 1849, aged 50 years and 7 months.

Dr. Thomas Sterling Barclay (Detroit, 1875) was a member of the Masonic fraternity; of Myrtle Lodge, Knights of Phythias; and of St. Andrew's Society, of which he held the office of surgeon for nine years. In 1877, he was made an honorary member of that body. "There being but few honorary members of the society, it is considered a high honor, which he gained by actual service for the society and not by money consideration. In 1882 he was elected grand vice-chancellor. He was elected surgeon of the Uniform Rank and in 1886 was made colonel of the same body, retiring with this rank in 1890."[37]

Dr. William M. Bailey engaged in practice in Mason and Lansing and specialized after 1877 in gynecology in Detroit. He was educated in the public schools of Eaton Rapids, and in the literary department of the Albion (Michigan) Methodist College. He began the study of medicine in 1863 with his brother, Dr. Benjamin F. Bailey, then a practicing physician at Lansing, Michigan, where he remained until 1868. He was a member of the American Institute of Homeopathy, a member and ex-president of the Michigan State Homeopathic Society, and ex-president of the Detroit College of Physicians and Surgeons, now extinct. He was a member of the gynecological staff of Grace Hospital. He was widely known in the Masonic fraternity, having been past-high priest of Peninsular Chapter R. A. M., and past thrice illustrious master of Monroe Council, R. & S. M. of Detroit. He was a thirty-second degree Mason and for eleven years recorder of Moslem Temple of Detroit, A. A. O. N. M. S.[37]

"The shade trees that are there now were planted by Dr. John B. Barnes, Owosso's first physician."[44]

"Dr. Moses A. McNaughton died of old age in Jackson in 1901. He was born in New York State, January 4, 1813. He taught a district school, then attended Wyoming Academy and was for two years at Union College, Schenectady. He was graduated at Fairfield in medicine in 1840, and located in Jackson the following year. After twelve years in practice, he became interested in real estate and built a number of business blocks and an attractive residence.

In company with others, he established the Jackson Chemical Company; was alderman and mayor of Jackson, and served two terms in the Michigan State Senate; was largely interested in the construction of the Grand River Valley division of Michigan Central Railroad."[44]

"Dr. Abel Millington in 1825 bought out Harvey Snow of Snow's Landing, now Rawsonville, where he built the first saw-mill and first mill-dam across the Huron in 1826."[44]

Dr. David Hammell, druggist and pharmacist, as a young man at seventeen began to teach, a profession he followed for eleven years, being part of that time principal of the school at Mt. Forest. His medical practice began in New Baltimore, Michigan, where he remained until 1893, when he located at Trenton, where in addition to his practice he conducted a druggist trade. The doctor has ever been closely identified with matters relating to education and those things that tend to uplift the intelligence of the community. He served for some years on the school board, was elected to several municipal offices and for several years was a member of the school board of examiners of teachers in Macomb County. Being of a studious nature he has given careful attention to local geological formation and chemical research in connection with the great salt and soda industries of the region.[37]

Dr. John A. Barry was born in Livingston County, July 29, 1848, worked in saw mills and the lumber woods in and about Muskegon County, attending school in the winter until the age of eighteen, when he engaged in the drug business with Dr. H. D. Roat at Newaygo. He was graduated from the medical department, University of Michigan, in 1873; practiced medicine in Coral, Montcalm County, until 1889, then engaged in the general merchandise business at Harrietta, Wexford County.

He held the offices of village president, justice of the peace and supervisor; was representative in the legislature from the Wexford district, 1907-1908.[40]

In a business partnership with two others—not physicians—Dr. Rush J. Shank in 1885, "loaded five cars with merchandise, teams and stock and was among the first to move into and develop McIntosh County, Dakota."[40]

Dr. Douglass Houghton was sometime president of the Michigan Insurance Company of Detroit, organized in 1834.[37]

Dr. John L. Whiting was a member of the "Pontiac Company," a land company organized in the fall of 1818.

Dr. Jeremiah C. Wilson settled in Rochester, Oakland County, in 1857. He was a graduate of Michigan University and of Castleton Medical College; was in partnership in practice with his twin-brother, Jesse, and interested with him in milling, manufactures and mercantile enterprises.

He was representative from Oakland County, 1867-1868.

Dr. Edward Dorsch, educated in Munich, exiled from Germany, came to New York in 1849. He practiced medicine in Monroe for thirty-seven years. He wrote extensively, presented a valuable library to the University of Michigan, and his home to the city of Monroe. He was a member of the state board of education, 1873-1879. He died January 10, 1887.[40]

Dr. William A. Cotton was born at Saranac, Ionia County, November 30, 1863; graduated from the homeopathic department, University of Michigan, in 1889. He practiced in Escanaba until 1903.

He served as state surgeon of the Sons of Veterans; was member of the school board and board of public works; and chairman of the board of supervisors. He was member of the state board of education from 1907 to 1910.[40]

Drs. J. W. Briggs and B. Barnum were members of the board of trustees of the school district, Schoolcraft, in 1880.[28]

In the winter of 1854-1855 Dr. Ezra Smith taught school in Vicksburg. He "had previously taught for several years in Brady township."[28]

Dr. Alfred J. Masecar, born in Ontario in 1839, was graduated in medicine from Buffalo Medical College (1863) and Victoria Medical College (1864). He came to Monroe in 1879; was a member of the city board of education and of the common council; was censor of the Toledo Medical College.[31]

Dr. Joseph L. Valade had a son, "a young man of much promise" (Jerome J.), who was a graduate in 1882 of the Detroit Medical. He was a member of the school board in Newport for several years.[31]

Dr. W. H. Bills of Allegan was a member of the library board and in charge of the Humane Society. He died in 1916.

Dr. Albert McMichael of Detroit, whose death occurred in 1916, was president of the board of education.[36]

"Dr. Martin Van Buren Meddaugh (1855-1928), one of the oldest practitioners in Michigan and a former teacher of medicine at the Detroit College of Medicine, the University of Michigan and the Ferris Institute, died at his home, 1309 Warren Avenue West [Detroit], Wednesday, October 10, 1928. Funeral services were conducted Saturday, October 13, 1928, by Friendship Lodge, F. & A. M., at the Curtis Funeral Parlors, 86 East Forest Avenue. Burial in Elmwood Cemetery.

"Born in Lexington, Michigan, Dr. Meddaugh received his early schooling there, later attending Valparaiso University, where he received his degree in medicine. Following his graduation, Dr. Meddaugh returned to Lexington, where he married Miss Ida Wells.

"In 1883 Dr. Meddaugh came to Detroit, where he taught therapeutics and obstetrics at the Detroit College of Medicine. While engaged in his regular practice, he also taught French, Spanish and German.

"Dr. Meddaugh until two years ago, when he first became ill, was a member of the staffs of the Providence and Grace Hospitals. He was a former secretary of the Wayne County Medical Society. He leaves his second wife, Alice Wilbur Meddaugh, whom he married in 1896; a son Raymond H., of Buffalo, New York, and a grandson, John R. Meddaugh, of Detroit."[6]

Dr. C. H. Haynes, a sometime superintendent of schools, Topeka, an M.A. of Oberlin and a graduate from Chicago Medical College in 1877, practiced homeopathy in Flint from 1877 until his death in 1884.[52]

Dr. William C. Caulton, born in England in 1823, began the study of medicine in 1856; was sometime principal of the Woodstock, Canada, school, practiced for ten years in Michigan (Fremont, Tuscola county), and was, in 1892, living a retired life, "enjoying the rest he has so well earned."[52]

Dr. Frank A. Tinker, born in Ohio in 1859, traces his lineage to the Pilgrims of the "Mayflower." He came with his parents to Pine Run in 1866, was graduated in high school in 1880, taught for a year, studied medicine and was graduated at the University of Michigan in 1884 as M.D.

He was in 1892 a member of the Lapeer board of education and was also sometime member of the board of county school examiners.[52]

Dr. John L. Mitchell was active in city sanitation: came to Jackson after studying at Yale and graduating in medicine in New York (1846); in 1850 was for a time city surveyor: member of the school board: was during the period 1857 to 1877 master of masonic Lodge No. 50, for nine years.[5]

Dr. Mial R. Lyman "devoting himself to the alleviation of the ills that flesh is heir to, finds in Gagetown a good field for his profession."

He was born in 1856 in Wisconsin. Although his "educational advantages were unhappily quite limited in his youth," and his "knowledge of books mostly acquired by night when the day's work was done," he taught school in Tuscola County at the age of seventeen and "was quite successful as a pedagogue."

He received the degree of M.D. at the Eclectic Medical Institute, Cincinnati, in 1883, and thereafter practiced in Gagetown.

He had in 1892 "a drug store where may be found and compounded all the drugs known to the pharmacopeia": was a member of the local school board.[52]

Dr. James F. Rumer (1852-1929) was born in Ohio and after graduation from Northwood Academy in 1872 taught school.

He came to Mt. Morris, Michigan, in 1882, practiced with the late Dr. Bardwell, then independently in Mt. Morris and Richfield. He studied at Rush in 1888 and was graduated from Kentucky School of Medicine the following year.

He was treasurer of the Davison Road Cart Company in 1892.[52]

Dr. George W. Palmer was born in Lyndon township, Washtenaw County, in 1818, of parents "who emigrated to Michigan in 1846 or '47." [*Sic.*] He was graduated in the medical department, University of Michigan in 1877 and located at Chelsea. He was superintendent of the Waterloo school for three years.[34]

Dr. John Walker Hawxhurst of Bay City, West Side, born in New York State in 1848, left home in 1870 and taught school for two years; prepared himself for entrance to the medical department, University of Michigan, and was graduated in 1876.[20]

Dr. John Lee, born in Canada in 1848, taught school in Washtenaw County; was graduated in medicine from the University of Michigan 1876, and located in Dexter.[34]

"Dr. A. B. Conklin is township superintendent of schools." (Manchester, 1881.)[34]

Dr. Samuel Zimmerman, Wayne, Michigan, graduated from the University of Michigan medical school, Ann Arbor, 1882; was a member of the Michigan State Medical Society; member of the board of education and health officer of the village of Wayne. He died in December, 1928, aged 71, of cerebral hemorrhage.

The *State Journal* in April, 1836, "was purchased by Dr. F. Drake, who continued in charge about one year."[34]

"To its original name of *Peninsular Courier* that of *Family Visitant* was added," by Dr. A. W. Chase in 1865. In the following year Dr. Chase desired "to be relieved from editorial labor that he might give himself more fully to his fast increasing business as publisher of 'Dr. Chase's Receipt Book.' "[34]

"There is one thing that has distinguished Mr. Beal (publisher of the *Peninsular Courier*, acquired in 1869) among his fellows and that is his championship of the poor . . . In proof of this, it is not necessary to call attention to but one act in his life—the defense of Dr. Rose, in the celebrated University defalcation case. In the prosecution of this Mr. Beal has spent an independent fortune."[34]

In this connection the reader's attention is called to the sketch of Dr. Douglas in the chapter on "Medical Education" (Volume I).

Dr. John McLean, who practiced in Jackson in 1837, was an excellent chemist; from 1843 to 1855, he was professor of materia medica at Rush. He retired in 1871 and thereafter devoted himself to chemical research until 1879.[5]

"Samuel P. Duffield, A.M., Ph.D., M.D., son of George and Isabella (Graham) Duffield, was born in Carlisle, Pennsylvania, December 24, 1833. He prepared for college at Lodi Plains under Professor Nutting, and in 1851 entered the literary department of the University of Michigan, from which he was graduated in 1854, with the degree of B.A., and remained another year to perfect himself in chemistry and anatomy. He then entered the medical department of the University of Pennsylvania; but in 1856, owing to failing eyesight, he visited Berlin, Germany, to consult Dr. Albrecht Von Graefe, who effected a cure. While in Berlin he took a three months' course in chemistry . . . Later he studied physics and chemistry under Baron Von Liebig, and in accordance with Von Liebig's recommendation he passed examination at Ludwig III University at Giessen, Hesse Darmstadt, from which he was graduated with the degree of Ph.D., having studied under Liebig in Munich, but graduating from Liebig's former school, Giessen.

"In 1858 Dr. Duffield returned to America and to Detroit, and entered upon the practice of his profession, still continuing his chemical investigations and devoting especial attention to toxicology and medical jurisprudence. While still in Europe the University of Michigan had conferred the degree of A.M. upon him. Early in the sixties he established a drug store, which he conducted successfully until 1868, when, upon the opening of the Detroit Medical College in that year, he arranged and took charge of the chemical laboratory and delivered the address of dedication. Dr. Duffield then completed his own medical studies in that institution and received the degree of M.D. therefrom in 1872. From then until 1886 he practiced his profession continuously at Dearborn.

"He also established the chemical laboratory, which is the present property of Parke, Davis & Co. His reputation as an analyst was already established, and he was frequently called to testify in the courts as an expert. The winter of 1885-1886 he spent in Russia, studying the analysis of poisons and their separation from poisoned animals . . . in the laboratory of the Imperial University at Dorpat. In May, 1887, upon his return to Detroit, Dr. Duffield was called to the position of health officer of the city and acted as such until 1892, when he voluntarily retired. He was recalled to the same position in March, 1895, serving until February, 1898, when he resigned.

"He is a member of the American Medical, Michigan State and Detroit Medical and Library Associations; Detroit Academy of Medicine (honorary); American Chemical Society; American Public Health Association; and the Wayne County Medical Society. While in charge of the chemical laboratory of the Detroit Medical College, Dr. Duffield also filled the chairs of professor of chemistry and of medical jurisprudence and toxicology. He has written and read before many of the great gatherings of the physicians of the world, papers on subjects of vital importance, among them: 'Ventilation of Sewers,' 'Contamination of Drinking Water,' 'The Relation of Typhoid Fever to Water Currents in Sandy Soil,' 'Fractures of the Base of the Skull,' 'Quarantine in Great Cities,' 'Antitoxin *vs.* Diphtheria,' etc., etc. Personally Dr. Duffield is one of the most companionable of men, pleasant and courteous in manner, yet bold, manly and energetic. He enjoys the entire confidence and unqualified esteem of his professional brethren and the public.[37]

"Dr. Henry Kirk Lathrop, Sr., was born at West Springfield, Massachusetts, February 24, 1824. The record of his family takes us back to the springs of American history. The head of the family was a clergyman, who fled from Holland in 1634, coming to Massachusetts by the ship "Griffith," and settling at Barnstable. It is remarkable that the succession has been maintained by an unbroken line of professional men during 262 years; the Lathrops have been clergymen, lawyers, or physicians. H. Kirk Lathrop, Sr., was but twelve years of age when the family migrated to the State of Michigan, settling in Oakland County. He attended the district schools and later studied in the Romeo (Michigan) branch of the University of Michigan; after completing the classical and literary courses, he took up the study of medicine, was graduated in due time, and settled at Orion, Michigan, where he began the active practice of his profession in 1847. Dr. Lathrop studied astronomy systematically for a number of years, and is familiar with the face of the skies; he is a careful observer, a scientific reasoner and a practical man in every sense of the term. He has been a lifelong member of the Congregational church, which is looked upon as the hereditary church of the Lathrops, and in politics Dr. Lathrop has been an Independent since the Greeley campaign."[37]

"Dr. Carl Ludwig Rominger, who died April 27, 1907, at Ann Arbor, had been state geologist of Michigan for a longer time than any other. He was born at Schnaitheim, on the Brenz River, Würtemburg, December 31, 1820, and was the son of Ludwig and Johanna Dorothea (Hoecklin). He worked and studied four years in a drug store, and in the fall of 1839 went to the University of Tübingen where he received his degree as M.D. in 1842. While Dr. Rominger was in the university he obtained two prizes, one for a paper on the circulation of sap in plants, the second (1845) for a map of the neighborhood of Tübingen. The motto he chose in competition for the latter was as follows: 'Only through detailed investigation does it become possible to establish general laws.' This is a characteristic motto which might be applied to all his scientific work, which is characterized by careful and thorough investigation of details. The report of the faculty upon his work praised its detailed and exhaustive character, its thorough and assured mastery of even the most difficult points. The minor criticism they make that the paper was so weighed down with instructive observations that a clearer picture of the whole was not given, might also, perhaps, he applied to his later work. In the award of the prize his home is given as Waiblingen, a considerable town not far from Stuttgart.

"From 1845 to 1848 he had a grant of 400 gulden yearly for geological travels and thus he had a chance to see Germany, Bohemia, the Tyrol, Switzerland and the northern part of France and Belgium, and published some short notes of his observations in the (Leonhard's) "Geological Year Book."

"He was assistant in the chemical laboratory under C. Greulin. About this time the movement for freeing Germany, in which Carl Schurz took so prominent a part, was agitating the country. Dr. Rominger sympathized with the young fellows and (as he told me) frankly expressed it to the Minister of the Interior who agreed to his proposition to continue his travel stipend another year with the understanding that he would go to America and not come back. This interruption to his geological studies was regretted afterwards by Dr. Rominger, for he came to this country not quite fully equipped, in his own estimation, to continue in the geological line, and moreover he landed in New York, after a fifty days' trip in a sailing vessel from Bremen, with practically no knowledge of English, so that he could neither understand nor be understood. To the day of his death German was his mother tongue. In consequence he had to fall back on his profession as a physician, practicing among the German settlers.

"He had geologized up the Hudson and across to Buffalo, and finally found himself at Cincinnati where the collection for paleontologists is famous. Here he lived for some months practicing his profession, but really more interested always in geology and especially in fossils, and quite poor. The temptation to dabble in Cincinnati mud and clay for fossils was too much for the good of his practice even in days when antisepsis was not the medical fad. He did not stay many months, but went to Chillicothe, where he remained eleven years.

"By 1864 he had got ahead enough to marry, at Tübingen (November 30), Frederica Mayer, by whom he had a son, Dr. Louis Rominger of Louisville, Kentucky, and two daughters, Louise and Marie. In 1860 he changed his residence to Ann Arbor and there obtained a much better income from his practice. There, as at Saginaw, he received a valuable contingent. Many of the "Lateinische Bauern" were men of education, rank and means who came here like himself owing to their sympathy with free institutions, and were able to appreciate a man like Rominger. During all this time he had retained a lively interest in the natural sciences and developed it according to circumstances. The great variety of shells from the Ohio and its tributaries and the paleontology and geology of other places of residence attracted his interest, and by collecting and exchange and the correspondence which went with it he became known to a wider circle as a scientific man.

"Upon the reorganization of the geological survey of the state in 1869, under Professor A. Winchell, Dr. Rominger was employed as a paleontologist, and when Professor Winchell resigned in 1871, Rominger, Brooks and Pumpelly were each kept in charge of their own particular fields and when Brooks had finished his work on the iron country and Pumpelly his on the copper country, Rominger remained in full charge of the survey. He continued in charge until 1884 and from his pen comes the third part of Volume I, Volumes III and IV, and the first part of Volume V of the state reports. His special interest was paleontology, and his interest in fossils and his zeal in collecting them was unwearied. He was a genuine scientist of the old school, brusque in his manner, with no idea of running the survey as a bureau and not always too patient towards those who asked, what seemed to him, foolish questions. His language could be picturesque as his appearance. I shall never forget the first time I saw him. I was standing on the steps of the wrong house when a dachshund came down the steps followed by a bent and grizzled form which I knew at once must be Dr. Rominger. I had no hesitation in leaving the porch and going to the house into which he turned.

"All those who have worked over his reports can testify to the conscientious character of his descriptions. Go where he went and you will see what he described. While his primary training and interest was in paleontology, in preparation for his later studies on the copper and iron bearing rocks he made and ground his own thin sections, made his own analyses, and conscientiously tramped up and down the innumerable knobs with which this part of the country is covered.

"After his retirement from the state survey at the ripe age of seventy years, which I am informed was due to the fact that he had announced that the survey of the state was nearly finished, he remained living quietly at Ann Arbor, studying his collections, and especially the stromatopora and kindred forms and, even after eighty, making summer trips for private parties, mainly in the lead and zinc regions and southward, so long as his eyesight permitted.

"An interesting story is told [of Dr. Rominger] by Mr. O. J. Klotz how when a friend sent him a package of new trilobites from Mr. Stephens in the Canadian Rockies, his eyes fairly bulged when he opened the parcel and saw the treasure of unknown species; he rushed to his wife, slapped her on the back and said: "Wife, life is worth living." He then made a trip to the locality and described them.

"He was a pupil of Quenstedt and used to tell with glee how occasionally he and his master would both jump for the same specimen. One beautiful ammonite which Dr. Rominger got first and then turned over to Quenstedt, he gave back to him as a wedding present, and it is kept as an heirloom. He had that real love for fossils which was characteristic of the early paleontologists, sometimes to excess, as is illustrated by this story which he used to tell: While he had the government grant which enabled him to travel for scientific research, on one of these excursions with a friend, they met a nobleman who was also interested in paleontology and invited them to his castle to see his collection. There was a particularly fine specimen which the friend coveted and wanted very much to buy, but the nobleman could not think of selling anything. However, he invited them to dinner and after a good meal and sundry glasses of wine, felt generous and said: 'Here, I won't sell you that specimen, but will give it to you,' and turning to his servant gave him instructions to go up stairs to the cabinet, on the third shelf in the right hand corner, etc., and obtain the specimen and bring it down. 'But you need not trouble yourself,' said the friend, 'I have it here in my pocket.' Dr. Rominger at one time visited State Geologist Hall in Albany, New York, and referring to his work on the Bryozoa, probably those around Alpena, which furnish most beautiful specimens, said he had a dream that he had laid out a beautiful garden and the hogs had got in and rooted it all up! Many other stories of his frankness could be added.

"Every geologist is at times tempted to become impatient at very natural questions which are asked him concerning pursuits which seem to the casual observer to be utterly foolish. In fact one famous geologist, Clarence King, is said to have owed his life and escape from the Indians several times to their taking him for a crazy [person], when they found him wandering around cracking rock with his hammer. Dr. Rominger sometimes under this questioning became testy. One man told me how he found him walking up and down his plowed potato patch picking up now and then little things, no doubt silicified corals. Watching him a little while and not seeing what he was doing, he sang out:

" 'Hello, what are you doing there?'

"No response.

"Again at the end of another row, 'I say, old fellow, what are you doing there?'

" 'You damn fool, can't you see what I am doing?'

"But this brusqueness did not mean ill-nature. Like all physicians, he did a great deal of charity ('lump') practice.

"In spite of comparative carelessness or generosity with money matters he did well as a physician in Ann Arbor and had a modest and sufficient competence for his extremely simple habits. He is even known to have torn up a mortagage when he found the people could not pay, though he may have used some not too polite remarks in connection. Like most scientific men, money played a small part in his scheme of life, and he is stated to have refused thousands from promoters who wished him to attach his name to certificates, even of the most guarded nature. It may be imagined that he hated to be bothered with petty financial details. A story told me from the board of geological survey illustrates this. The old gentleman brought in a voucher for salary, so much, and expenses, so much, with no items.

One of the board was inclined to question the item and said: 'Doctor, how do you know these are your expenses?'

" 'Why, that is very simple, I put so much in my pocket when I start out and have so much when I come back, and the rest is my expenses.' It must not be understood, however, that state suffered under this simple method of account keeping for every year a large part of the appropriation was turned back unexpended into the state treasury. This was also due to the fact that Dr. Rominger never planned to employ other scientific assistants. He made his own analyses and his own thin sections of coral and igneous rocks and examined them himself.

"With Dr. Rominger passes away now one more of the few remaining of the first generation of German pioneers of this state. It is to be sincerely hoped that some one may, before it is too late, put on record the many interesting facts concerning this valuable addition to our body politic."[44]

Dr. L. D. Robinson and Dr. Leland of Detroit were active members of the Michigan Pioneer and Historical Society in 1859.[44]

"Dr. Manley Miles died February 15, 1898, aged 72 years. With his death Lansing loses one of its most learned citizens, and perhaps the one who engaged most thoroughly in scientific research. He was a man of original ideas, very thorough and most acute in experiments. He was highly educated and continued his studies and researches until the last days of his life. He enjoyed the distinction of filling the first chair of practical agriculture in this country, and also was the first professor in that study at the Michigan Agricultural College.

"Dr. Miles was born July 20, 1826, at Homer, Cortland county, New York, and came to Michigan with his father in 1837. His early life was spent upon a farm in Genesee County, near Flint. He studied medicine and graduated from Rush Medical College in Chicago [in 1850]. He followed his profession in Flint for several years, and in 1851 was married to Miss Mary E. Dodge of Lansing. In 1859 he was appointed by Governor Wisner a member of the geological survey and afterwards was made state geologist. Two years later he was made professor of agriculture at the Michigan Agricultural College, where he remained until 1875. He filled the same chair at the university at Champaign, Illinois, and at the agricultural college at Amherst, Massachusetts, and soon afterwards he was employed in special scientific investigation upon the experimental farm of Lawson Valentine near Mountainville, New York.

"He returned to Lansing in 1885 and devoted his time to scientific research and has written prolifically for scientific works and agricultural papers. During his life he lectured before many prominent societies and was a member of several philosophical societies.

"He wrote several books upon 'Stock Breeding,' 'Heredity in Connection with Stock Breeding,' 'Drainage' and 'Ensilage,' and possessed a large library of great rarity and value."[44]

Dr. Miles was the son of Manly Miles, a soldier of the Revolution, and

Mary Cushman, a lineal descendant of Miles Standish. In 1837 his family moved to Flint, Michigan, where he worked on the farm, to his common school education adding reading and study during spare moments. He was widely known as the "boy with a book," and the boy who never failed to accomplish anything he undertook. In 1860 he was appointed professor of animal physiology and zoology in the Michigan State Agricultural College at Lansing. While in the zoological department of the geological state survey he was in constant correspondence with the leading naturalists of the period, Agassiz, Cope, Lea, etc., and discovered two new shells, two others being named after him by Lea. His catalogue was by far the most complete of any then compiled. In 1864 the duties of "acting superintendent of the farm" were added to his chair, while in 1865 he became professor of animal physiology, practical agriculture and farm superintendent. In 1869 he ceased to teach physiology, devoting his entire time to practical agriculture, being far ahead of his time. Among his appointments and memberships were: member of the Michigan State Medical Society, the Buffalo Society of Natural Science, the Entomological Society of Philadelphia, Pennsylvania, fellow of the Royal Microscopical Society, and of the American Association for the Advancement of Science. Dr. R. C. Kedzie, who entered the State Agricultural College two years later than Dr. Miles, said that he "found Dr. Miles an authority among both professors and students, on birds, beasts, reptiles, stones of the field and insects of the air." In teaching agriculture Dr. Miles created such enthusiasm among the students that each regarded it a favor to work with him in the fields or ditches—he worked with the boys and filled the work with intellectual enjoyment. He was especially fond of boys who tried to learn something; he liked pets and little children. To his death he retained his habits of investigation and study, though his great deafness rendered his public work difficult. Dr. Miles was the first professor of practical agriculture in the United States.

His papers included:

The Microbes of Nitrification. (Scientific American, Vol. XXXII.)
Energy as a Factor in Agriculture. (Popular Science Monthly, Vol. XLI.)
Progress in Agricultural Science. (Popular Science Monthly, Vol. XXXVIII.)
Heredity of Acquired Characteristics. (Proceedings of the American Association of Advanced Science, Vol. XLI.)
How Plants and Animals Grow. (Popular Science Monthly, Vol. XLIII.)

He was a constant writer and advisor of the *American Agriculturalist* and wrote many books on practical agriculture, as "Stock Breeding," "Experiments with Indian Corn," "Silos and Ensilage," "Land Drainage."[8]

In 1922 Dr. W. B. Hinsdale, formerly dean of the homeopathic department in the medical school in the University of Michigan, was made chief of a division of Michigan archeology in the University Museum of Zoology and Anthropology.[3] He was the author of an interesting publication entitled "Primitive Man in Michigan."

"I engineered and built a mill at Augusta for Dr. Solomon King," writes a contributor to "Michigan Pioneer Collections," Volume XVIII, Page 583, on "Reminiscences of Kalamazoo" (1832).

Dr. David M. Dake in 1839 built the first frame house in Hastings.[44]

Dr. Ebenezer Hall is mentioned among the vice presidents of "The Clinton and Kalamazoo Canal Celebration in 1838 in Mt. Clemens."[44]

"Mr. Findley began his interesting story by stating that when he was thirteen years old he attended the school kept by Dr. Charles P. Parkill . . . during the school year of 1846-1847."[44]

"Then came the physicians, such as Dr. Shepard, Dr. Platt, Dr. Hollister, and Dr. Henderson. These men with one mind sought to create a spirit of enterprise and enlargement."[44] ("Events in Grand Rapids from 1850 to 1860," Harvey J. Hollister.)

"Dr. Charles Shepard of Grand Rapids was a member of the executive committee of the Michigan Pioneer and Historical Society."[44]

"Charles Shepard" was county surveyor of Kent County in 1843.[24]

Dr. Charles Shepard was president of the Union Benevolent Association, Grand Rapids, from 1873 to 1891.[24]

Dr. W. H. DeCamp has "been a large contributor to the museum."[24]

From the Directory of the City of Detroit, 1846, it is learned that at the Museum of Dr. Franklin Cavalli, Franklin Street, east of St. Antoine, there were on display, "admission on all occasions public and free"—

Minerals classified by Werner	600
Petrifactions classified by Goldfus	300
Shells classified by Lamarck	400
Birds' Eggs of Michigan—Wilson	80
Coins, dollar size, arranged geographically	150
Medals arranged historically	80
Antiquities arranged after the Nations	60
Engravings in systematic order	4,000
Library of various scientific works	400
	6,070

"Dr. Cavalli will be happy to exchange duplicates from his collection."

Doctors have always conserved and promoted the cultural.

Dr. E. S. Holmes was elected president, January 4, 1889, of the Kent Scientific Institute.[24]

Dr. W. H. Ross was president of the Burns Club, Grand Rapids, in 1890.[24]

Dr. Frederick Christ, Grand Rapids, was president of the Arbeiter Unterstuetzungs Verein in 1870.[24]

Dr. Alden B. Sampson, who came to Charlotte in 1843, built "Sampson Hall," an amusement resort, in 1880, in which courts were held in 1866 and 1867. He "was never married—except to the desire to do good to all men."[27]

He won his place as one of Charlotte's most enterprising citizens. "Sampson Hall" was the second or third brick building in the place.[41]

In his address to graduates of the Michigan College of Medicine in 1881, Professor Henry F. Lyster is reminiscent. "The deceased, a venerable lady, had *not* suffered much from many physicians in her life time, but she had endeared herself to many friends, among whom were the four physicians attending who were honored by being placed in the procession in a carriage next to the officiating clergyman." Two of these physicians had retired and were engaged in the manufacture of iron. One was asked why the profession seemed to be naturally attracted by iron, to which the witty reply was made "that after practicing medicine a number of years the iron entered into your soul."[45]

The guess is hazarded that this was George B. Russell. It reads like him.

Dr. Cyrenius Thompson, born in Ohio in 1802, was graduated from the medical college of Middlebury, Vermont, came to Gull Prairie in 1830, took up land and devoted attention particularly to farming.

In March, 1832, he leased a sawmill on Pine Creek. This was burned and he then moved to Allegan County where he built the first habitation in range 11. Mrs. Thompson was greatly annoyed by dogs owned by her Indian neighbors, that dug holes under the sills of the house to steal eatables. Dr. Thompson was elected township clerk of Allegan in 1833 and later was postmaster at Plainwell. He died April 17, 1853.[19]

Dr. D. K. Underwood was one of the donors of ground on which to build Adrian College.[18]

Dr. Wallace J. Weeks, of Hanover, Jackson County, a graduate of the Detroit Medical College, 1880, during the first three years of residence in Michigan "turned his hand to chopping, making rails, grubbing and well-digging." Afterward he engaged with his father in carpenter and joiner work.

He bore "a noble share" in railroad building in Jackson County and displayed "energy and capability in several lines of work." In 1890 he owned a farm and bred fine horses. One was "Mack" by "Hambletonian Gift," another a mare sired by "Grand Sentinel" that in 1890 was "in foal to 'Ambassador,' a celebrated Kalamazoo stallion valued at $30,000."[50]

Dr. George W. Smith pursued the carpenter and joiner's trade for sixteen years, "during which time he built some of the finest dwellings known to that period in Leoni township." In 1865 he commenced the study of medicine in Ohio, "which study (after 1874) was completed at the Michigan University."[27]

Dr. Philander Sheldon Root, a member of the eminent New York family, born in 1856, was a graduate from Vernon Academy at the age of sixteen. He engaged in teaching for six years and in 1881 was graduated from the Detroit Medical College and settled in Monroe.

He was sometime surgeon of the Lake Shore Railway; was a frequent contributor to medical publications.[31]

Dr. H. A. Goodale of East Tawas was one of the "pioneers of the shore," going there in 1868 after practicing in Flint in 1849, and later in Bay City. He was interested in farming, in a shingle and grist mill, and in the drug and provision business.[29]

Dr. T. O. Gates, "one of the live men of Iosco County, and one of the leading physicians, located in East Tawas, after brief practice in Saginaw and Bay City in 1881." He has a large farm and drug store.[29]

Dr. Daniel H. Fitzhugh (1794-1881) came to the Saginaw Valley in 1854 for the purpose of investing in land. He did not engage in medical practice.[29]

"Dr. Williams" was a partner in the first "general storehouse and dock" in Grand Haven in 1835.[44]

Dr. William H. Hall, born in 1836 in Tecumseh, was prepared for college under Professor Estabrook of Ypsilanti, entered the University of Michigan literary department in 1857, was graduated in medicine a few years later.

He opened an office in Ypsilanti in 1871, treated "chronic acute and nervous diseases," and was in 1881 a member of the firm manufacturing Hamlin's Chain Pump Bucket.[34]

Dr. Samuel Foster was one of a party in 1829 looking for a mill-site in Allegan County.[19]

Dr. J. J. McConkie, a graduate from Columbus, Ohio, came to Allegan in 1867, but failing in *health,* purchased a large tract of land in Grand Traverse County and moved thither.[19]

Dr. Frank Merritt of Charlotte after study with Dr. P. D. Patterson, attendance at medical lectures in the State University, and graduation from the Detroit Medical College in 1878, was obliged to relinquish practice on account of failing eyesight. He was successful as druggist, hardware merchant, and in farming and stock raising; was director in the County Fair Association, of the Merchants National Bank, of the Universalist Resort Association on Grand Traverse Bay; was trustee of the Universalist State Association.[48]

Dr. John A. Baughman was sired by a Democrat who "voted for Abraham Lincoln." Born in 1856, he "was graduated with high honors from the Bellevue Hospital Medical College in 1880." After spending "a considerable time on the Pacific Slope," and "continuing his researches," he associated himself with "a very successful specialist" in Detroit. Later he continued practice in San Antonio "in the treatment of chronic diseases with uninterrupted success until April, 1887, when he returned to Barry County, Michigan."

He owned a two-story brick block in Woodland and in October, 1890, "opened a very fine drug store above which is his commodious and elegant office."

An impressive lithograph displaying copious whiskers and flowing moustache accompanies the biography of "one of Michigan's most prominent practitioners" (Dr. Baughman) in the "Portrait and Biographical Album, Barry and Eaton Counties."

Hudson, Lenawee County, derives its name from Dr. Hudson of Geneva, New York, "one of the first land owners in the town."[18]

Eli Hill, "who purchased considerable property in the village [of Berrien Springs] in 1836, practiced medicine occasionally until his death, in 1840, although he did not aim to be a regularly practicing physician."[21]

"Dr. James Lewis, a native of Vermont, studied medicine and graduated in that state. He practiced twelve years at Henrietta, Monroe County, New York, before removing West. He came to Niles in 1835 and opened a drug store, but did not practice his profession here. With the exception of a year or two, he was in the drug business until 1857 when he retired. He is now [1880] living in Niles; was president of the village in 1838."[21]

The "residence of Dr. Lyman Collins, St. Joseph, Berrien County, Michigan," makes an impressive picture. The doctor in his buggy, drawn by a high-stepper, is just about to emerge from the gate. A dog is there, likewise the picket fence, the steps to facilitate access to the buggy, a long bar hitching post. There are trees and trees and a grape arbor, and in the background towers the three storied schoolhouse "with basement"—it looks even taller—"brick and stone, 86 by 102 feet," in which "Webster's Spelling-Book," "Hale's History of the United States," "Olney's Geography," "Parley's Geography," "Daboll's Arithmetic" are used, to mention but a few of the more important.

"At the close of a long and useful life, it must be pleasant to leave to children and friends a history of a life well spent, a good character formed and maintained. As an instance of this, we present to the readers of this work, Dr. Collins."

The doctor, born in New York in 1803, left home at the age of nineteen to engage in teaching, putting in leisure hours in medical study; was graduated at Fairfield College in 1828 and received an honorary degree from Cleveland. He practiced in Michigan from 1860 to 1870, then engaged in fruit culture.

On marriage the bridal pair were enjoined by a friend "to keep up a little courtship so long as they live" and they followed his advice.

In 1841 he was appointed postmaster at Ravenna, Ohio.[21]

Dr. A. E. Bulson built a store in Gobleville in 1873. From 1874 to 1879 he held the office of superintendent of the Sabbath school.[21]

Dr. H. Anderson from Genesee County, New York, settled in Breedsville, Van Buren County, in 1855; was part owner of a saw mill and grist mill.

He was sometime supervisor of Columbia township and "an otherwise prominent citizen."[21]

Dr. Fowler built a saw mill in Pipestone, Berrien County.[21]

The records of the Van Buren County Pioneer Association kept by Dr. J. Andrews are said to "contain numerous interesting reminiscences of the early days."[21]

Dr. George Bartholomew engaged extensively in fruit culture, planting the largest fruit farm in the township. "His counsel is often sought by amateur fruit growers, as well as in public assemblies of pomologists."

He has "no religion or politics" and practices the golden rule. He votes for whom he pleases "and asks no favors."[21]

Dr. Thomas F. Dodge, born in Vermont in 1806, came as a young man to Blissfield and purchased in 1830 a small farm. In 1836 he purchased property in Adrian. In 1859 he moved to Hillsdale, but after four years returned to Adrian. He was active in the organization of the Lenawee County Pioneers' Society. His death occurred in 1877.[18]

"A fair share of commercial prosperity" has come to Henry P. Mowry, a homeopathic physician of Bronson, who was born in 1854 and graduated at Hahnemann Medical College, Chicago, in 1877.

He has been a member of the State Board of Corrections and Charities, surgeon of the pension board; had in 1906 a "handsome home," owned two farms, operating one of them, and was president of the Burr Oak State Bank.

He gave a course of lectures in St. Louis on diseases of the eye and ear, his specialty.[22]

Dr. L. F. Scheidler, born in 1855, a graduate of Bennett, Chicago, 1889, practiced medicine and operated a farm in Ovid township, Branch County, in 1906. He was known as "an enterprising and prosperous agriculturist," and "the circle of his friends was almost co-extensive with the circle of his acquaintance."[22]

Dr. Ambrose Lampman received a "liberal education" in Olivet College and pursued medical study at the Cincinnati Eclectic College.

In recent years "he has done little as a practitioner save for the medical aid given to his family." He came into possession of land in Butler township in 1855 which he cleared and improved.

He was for many years (before 1906) a member of the Quincy Detective Association; was a great reader, and in politics a Democrat.[22]

Some of my colleagues in the profession may emulate (if they think it expedient to do so) the example of Dr. Alexander W. Seger, who "has always been a strictly temperate man, having never tasted a drop of intoxicating liquor, or smoked or chewed tobacco."

He was born in Vermont in 1822, attended medical lectures at Woodstock and Worcester Medical Colleges and was graduated from the latter institution in 1847. He began practice the next year at Grove Center, which he continued until 1870 when he moved to Adrian. There he purchased a fine residence and was interested in the drug business. He owned farms in Dover and Rome and had a lucrative practice.[18]

All of which goes to show that it is worth while to be abstemious.

Dr. Solon C. King, an "ardent Democrat" (in 1880), in 1877 successful candidate for county clerk of Clinton County, after graduation at the University of Michigan in medicine established himself at Ovid, "then a mere hamlet," in 1860. He eventually formed a copartnership with Samuel S.

Moore in the drug and medicine business and relinquished practice "for the less arduous labors of the store."[33]

"Dr. D. C. Holley was the pioneer in the drug and medicine business" in Durand.

He taught school during the winter term of 1847-1848.[33]

Dr. Solomon Everts became associated with the Durand district as teacher in the school in 1841-1842.[33]

Dr. A. M. Crawford "built the first brick house" in St. Johns.[33]

Dr. Mordecai L. Meads, medical department University of Michigan, 1858, practiced in Somerset, then in Spring Arbor, later in Olivet. He relinquished practice to engage in the drug and grocery business.[25]

Dr. Nelson B. Saxton, proprietor of the Champion Drug Store, Concord, was "able to fully digest the lectures" in the medical department, University of Michigan, and "graduated in March, 1857, with the honors of his class." He practiced in Hillsdale, "sojourned" until May, 1860, in Breedsville, then "putting up his shingle in Concord, at once entered upon a fine practice."

His health broke and he went to Santa Barbara, later to Los Angeles, where he superintended a hospital. Returning to Concord, he engaged in the drug and medicine and "fine-line-of-fancy-groceries-and-jewelry" business. He patented the "Champion remedies" and in 1890 had "a contrivance for manufacturing the gas which lights his store."[50]

Dr. George J. White of Jackson formed a partnership in professional work and the drug business with Dr. M. McLaughlin, after graduating from the medical department, University of Michigan, in 1880. Their store in 1890 was in the Hibbard House block.[50]

Dr. Emmet N. Palmer, born in 1840, studied medicine with Dr. Tuttle of Clinton and in 1872 established practice and opened a drug store in Brooklyn. He was sometime railroad surgeon.[50]

Dr. George R. Renwick of Grand Rapids, a graduate from Rush, 1892, in early manhood was a florist.[16]

Dr. Robert M. Luton, who professionally "is unrivaled in Grand Rapids," received a collegiate education in St. Thomas, Ontario, and was graduated in homeopathy at Hahnemann, Chicago, in 1873.

From 1882 to 1886 he was "a member of board of trade in Chicago."[16]

Dr. Charles Hebard, born in Dryden, Lapeer County, in 1858, graduated from the medical department, University of Michigan, in 1879. He practiced at Lapeer, then came to Grand Rapids and took on the drug business in connection with his profession. He practiced in Kansas for five years, returning to Grand Rapids in 1889.

His father, Dr. Ezra Armstrong Hebard, a graduate from Berkshire Medical College in 1851, practiced in Dryden, then Winona, Minnesota, then settled on a farm near Grand Rapids.

He was for nine years supervisor of Walker township and during the administration of President Cleveland served on the board of pension examiners.[16]

Dr. Fred D. Woodworth, whom "we are pleased to give in our list of the best citizens of Ingham County," was born in Jackson County in 1846, studied civil engineering for three years, but abandoned this for medicine. He was graduated in 1869 at Detroit Medical College, located in Leslie and in 1872 in Onondaga. He had a lively interest in agriculture, as well as an "excellent practice," in 1891.[49]

"As Scótchmen ever have and always must," Dr. John B. Park of Okemos goes "to the bottom of things" and philosophizes "on every subject that he takes up."

He was born in New Jersey in 1851, attended "Professor M. V. Park's† school and Lansing high school," taught in Clinton County during two winter terms.

He was graduated in medicine at the University of Pennsylvania in 1873, came to Okemos in 1874, "abandoned the bachelor ranks" in 1876, "reclaimed seventy acres which was before considered unprofitable swamp land" in Alaiedon township, was successful both professionally and financially." (And was worthy. C. B. B.)

He was clerk of Meridian township in 1891.[49]

Dr. Elvoy J. Covey of Swartz Creek is "a genial and affable gentleman and the leading physician of the place." He was born in 1835 in Canada; graduated in medicine from Queen's, Kingston, in 1857, practiced in Canada and after 1877 in Swartz Creek with the exception of three years when engaged in the drug business at Oxford. He was health officer of Swartz Creek in 1892.[52]

It is the source of no small satisfaction to read that one, at least, on this side of the river reaped benefit from the "Patriot War." Mr. William Tandy White lost "everything in the panic of 1837," but the "Patriot War gave him a new start," and he became "widely and favorably known as a business man." This success, however, may have been partly due to "his wife around the family circle looking over and advising . . . in regard to what he had done during the day, and what he intended to do the next."[31]

Dr. S. D. Holcomb, born in Canada in 1857, "is thoroughly well grounded, his medical studies having included hospital practice, and his sound common sense and good judgment have led him to make fine use of his theoretical knowledge."

His "pretty two-story frame house of modern design and containing all the conveniences" is "a credit to the place." (Southfield, Oakland County, where he settled in 1880.) He also had, in 1891, "a fine barn that cost about $500" and "two farms in Southfield township."

He is "a good judge of stock of all kinds," has "some equines of more than ordinary value, and as a breeder he is becoming known to horsemen far and near."

His pleasant home is "often invaded" by friends.[51]

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†The name should be "Rork's." I was sometime there myself. C. B. B.

Dr. J. A. Davis, a physician, interested as not a few old-timers in the profession have been, in horse trading, relinquished practice and removed from Jackson County to Albion in 1850.

Dr. James Yates of Roseville, born in 1840 in England, came to Canada in 1850, worked as a carpenter and on the farm until 1857 and in 1861 bought a fine farm in Canada; was graduated at the Detroit Medical College in 1874; practiced in Oakland County; located in Erie township in 1875.

Dr. William Mather began practice in North Plains in 1849 and later "embarked in trade" at Matherton.[26]

Dr. Benjamin T. Willett, born in Ohio in 1850, practiced in Petersburgh after graduation from Cincinnati College of Medicine and Surgery, and later in Monroe, where he also engaged in the drug business.[31]

Dr. John A. Wheeler, born in New York State in 1832, came with his parents to Wayne, to Washtenaw and Livingston Counties; was living in Howell when he was graduated in medicine at the University of Michigan.

He came to White Lake, Muskegon County, in 1856, and in 1863 entered the dry goods business in Whitehall. He made fortunate investments in pine land; was supervisor of Oceana for two years and was a member of the board of education.[32]

Dr. Dallas Warren of Milford was in 1891 "paying more attention to the drug trade than to his practice."

He was born in 1850; was graduated in medicine at the University of Michigan in 1879, practiced in Highland until 1881, then located in Milford.

He was "president of Milford in 1883 and has been a member of the school board for six years." (1885-1891.)[51]

Dr. Jesse G. Lindsley, "for well nigh forty years" a resident of Highland township, engaged in the practice of medicine after a two years course in Ann Arbor until 1875 when "he discontinued it and devoted himself exclusively to the pursuit of agriculture."[51]

Dr. Ransom S. Smith, born in Vermont in 1812, settled in Ann Arbor in 1858 and entered the mercantile business.[34]

> January 28, 1929.
>
> Union Trust Company,
> Trust Department,
> Detroit, Michigan.
> Dear Sirs:
> re: Estate of Clifford J. Dees, M.D., dec'd.
>
> We are in receipt of your letter of January 25, 1929, informing us of bequest to this Society under sixth paragraph of the will of the late Dr. Clifford J. Dees.
>
> Enclosed please find two receipts for the legacy, as requested, signed by the writer. It is requested that the books be sent to this office.
>
> The thanks of the Society are extended to the Estate for this bequest.
>
> Yours very truly,
> E. E. Valentini,
> Executive Secretary.[6]

Dr. Levi H. Johnson (1842-1896), a colored physician of Detroit, was educated at Oberlin; "became conductor on the Michigan Central Railroad, and while so employed began the study of medicine, reading in his spare moments." He graduated from the Chicago Medical College; "was a member of the Detroit Medical and Library Association, president and medical director of the Beacon Light, and treasurer of Zach Chandler Lodge. He was also ex-president of the Douglass Frontier League."[54]

Dr. Alfred M. Webster, born in 1849, "the well known homeopathic physician and surgeon of Grand Rapids," general secretary of the New Era Association "conducted without lodge expenses"; was "candidate for Congress from the tenth district of Michigan in 1884, but shared in the general defeat" and in later years (1900) "eschewed politics."[16]

He could scarcely have expected political preferment being "independent and a prohibitionist from principle."

He was "missionary superintendent of the Sunday schools" and "lived fully up to the teachings of the denomination" (Methodist Episcopal) to which he belonged.

The Grand Rapids Sanitary Association, organized in 1880 "to promote a general interest in sanitary science and to diffuse among the people a knowledge of preventing disease," etc., succumbed "after several meetings were held at which interesting papers were read." Dr. Charles H. Maxim was secretary.[16]

Why should "interesting papers" have produced such a devastating effect? Teaching 'em how to live is often a thankless business. The sublime success of Dr. Kellogg in this undertaking is exceptional.

Dr. N. H. Barnes was graduated at Auburn Theological Seminary in 1844. He "practiced medicine" in Dowagiac and Brooklyn, but his health failed in 1861 and "he resumed the ministry," dividing his time "between the East and the West."[27]

Dr. I. H. Bartholomew was president in 1868 of the Central Michigan Agricultural Society.[25]

Dr. W. W. Root of Mason was president of the County Bible Society in 1880.[25]

Dr. Samuel P. Town came with his parents to Ingham County, Michigan, in 1845.

He "was ordained to preach in 1854 by the Baptist church" and served as "pastor" in Portland, Charlotte, Ceresco and Parma, but "his voice failed and he resumed the study of medicine, which he formerly broke off to study for the ministry." He was graduated from Cleveland Medical College in 1871 and had been (1881) "in active, successful practice (homeopathy) since."

He was an "active worker in both the church and Sunday school."

In December, 1876, the Jackson Reform Club was "organized by Dr H. A. Reynolds at Union Hall on the plan of 'Dare to do Right' and 'Rescue the Perishing,' with the badge of a red ribbon and a platform of non-political, non-sectarian basis; and with the idea that it was to be composed mostly of men who were trying by the help of God to leave off drinking."

The above club was re-organized under the state law of July 30, 1877. with Dr. J. A. Robinson, president. He was a "surgeon-dentist."

Dr. Robinson subsequently organized the first Reform Club Sunday school, with about forty children and six teachers.[27]

"Dr. James Cahalan, a native of Ireland, was born in Tipperary, and when five years of age was brought, in 1857, to America, and has since resided in Wyandotte. James Cahalan, for upwards of twenty years watchman at the rolling mills, is well and favorably remembered. His death occurred at the age of seventy-six. He left a family, all of whom are highly respected citizens and are among the substantial men and women of Wayne County. The eldest daughter, Catherine, is the wife of Michael Norton of Wyandotte. Anna married Patrick McInery of Detroit; and Bridget is the wife of Patrick Needham of Traverse City, Michigan; Richard and John C. Cahalan comprise the well-known firm of Cahalan Brothers. It was the desire of his parents that their eldest son, James, should become a priest and devote his talents to mother church and to that end bent their energies, supplementing local advantages with a course at St. Joseph's Seminary at Bardstown, Kentucky, where he was thoroughly prepared for his theological studies; but certain changes had come over the spirit of his dreams, and he felt that other pursuits would be more to his tastes than the severe life of a priest, and after long deliberation and consultation he decided to devote himself to the science of which Esculapius was the honored father. Accordingly he entered McGill University, Canada's great medical school, from which he was graduated in the class of 1880. He has since been in active and lucrative practice at his old home. Dr. Cahalan has all the qualities said to be so essential to the medical man, and while his local patronage and estimation is great, he is held in no less regard by his brethren of the profession throughout the county and state. He occupies an elevated position with all who have known him. He has often attended as delegate the various conventions of his party, the Democratic, and served some years on the board of jury commissioners, being appointed by Governor Winans. He has been no less honored at home, his fellow citizens keeping him on the board of education for seven years, and he was city physician ten years. The doctor's wife, whose maiden name was Anna Melody, was also one of the city's lifelong residents. She died some eight years ago [1889], leaving one son, James F. The doctor is a man of broad and liberal views and one whose opinions, deliberately formed, carry much weight with his townsmen, and in fact in all ranks and societies in Wayne county."[37]

Dr. William H. Haze, born at Port Hope, Canada, April 13, 1816, educated at Genesee College, Luna, New York, settled as a farmer and teacher in Farmington in 1838.

He became a Methodist minister in 1843, but failure of voice appearing, he studied medicine and was graduated in 1852 at Cleveland. He first practiced in Oakland County, but moved to Lansing in 1864.

He was sometime alderman, mayor and city assessor, Lansing, and one of the board of control of Albion College.

He was representative from Oakland County in the legislature, 1863-1864.[40]

"Many of you who were present at the meeting of the State Pioneer and Historical Society two years ago [1908] doubtless remember the meeting and greeting of two gray-haired men who had served in the Michigan legislature together, over a half century ago, one the Honorable Peter White of Marquette and the other Dr. William H. Haze, of Lansing, sole surviving members of the legislature of 1857. Mr. White in his reminiscent speech stated that he had supposed that he was the only member living until meeting Dr. Haze that day. The next roll call of your society found that Peter White had answered to the final summons and the meeting of today shows that Dr. Haze has also been translated into that larger life which is untrammeled by human limitations.

"Dr. Haze was born of American parents who were living temporarily at Port Hope in Ontario, Canada. When but a few months old his parents returned to the United States, settling in the town of Wilson in Niagara County, New York, where he grew to manhood, working on his father's farm and teaching school to help pay his college expenses at the Old Methodist College at Lima, New York. In 1839 his father sold his farm in New York and came to Michigan, finding the beautiful city of Detroit, with its present half million inhabitants, a little struggling village with the mud so deep in front of the present Pontchartrain Hotel that the horses nearly mired, and the wagon had to be pried out. He went on to Farmington, where he bought a farm about three miles from the village. Dr. Haze followed at the close of his college term and taught school in his father's neighborhood. Desiring to go farther south, he started for Kentucky, but found he was a little late, and stopping at a hotel in Wooster, Wayne County, Ohio, he asked the proprietor if he knew of any school about there where a teacher was needed. He told him, yes, one was wanted for advanced pupils about three miles from there, and one of the gentlemen who had spoken to him about it was in town and his horses were in his stable. On his arrival, after a short conference with him, Dr. Haze's trunk was loaded into his wagon, and he took him home with him, and after supper they went over to see his brother-in-law, the school director, and he was engaged to teach that winter. They immediately put up a building for him, and he taught what they called a select school. As former President Roosevelt, the best loved man in America, had not then come upon the stage of action to advocate phonetic spelling, Dr. Haze, equally progressive for his time, started a spelling school, inviting the parents as well as pupils to attend. One evening one of his scholars requested the privilege of walking home with a young lady classmate. She told him that she dare not let him as her father was there, and he had looked rather frowningly at the attentions to his daughter of the fun-loving harum-scarum boy. Like many another boy, if he couldn't walk home with her he didn't want any of the other boys to, so he stepped up to Dr. Haze and said: 'Here schoolmaster, go home with this girl.' The schoolmaster readily complied, immediately stepped forward and offered his arm to Miss Lydia Emrich, the daughter of the school director. Later on he offered his name to this favorite pupil, and the fourteenth of the following July, 1840, they were married, and had they lived until the fourteenth of next month would have lived together seventy years. It is but fair to add that the harum-scarum boy, himself one of Dr. Haze's favorite pupils, and a link in the chain of Providence to unite two lives, became one of the leading physicians of Ohio, served with distinction in her state senate and went to his grave full of years and of honors. Dr. and Mrs. Haze after their marriage lived for a short time in Ohio, then came to Michigan, settling on a farm near Howell where he taught school during the day and spent his evenings burning brush to clear up his farm. After a few months they returned to Ohio, remaining there a time but coming back to Michigan, their permanent home. At that time he joined the conference of the Methodist Episcopal Church and so became a circuit rider in the early forties, preaching at Flat Rock, Dearborn, Wayne, and Trenton, but owing to frail health, he was obliged to give up the ministry, studied medicine and in 1852 was graduated from Western Reserve Ohio Medical College, at Cleveland. He returned to Michigan and began his successful practice in partnership with his only brother, the late Dr. C. E. Haze of Pinckney, Livingston County. He remained there two years, but finding that his children were being brought up on the ague instead of breakfast foods like the present generation, he moved to Farmington, which in that respect was not so marked an improvement as the inhabitants of Wayne and Oakland Counties might imagine. He practiced his profession a number of years in Farmington, among his patients being the parents of the present governor of our state and also his estimable wife. In 1856 Dr. Haze was elected to the legislature and as chairman of the committee did everything in his power to aid in the establishment of the agricultural college at Lansing. In 1862 he was re-elected. There was a strong agitation in favor of moving the agricultural college to Ann Arbor. Dr. Haze did signal service for Lansing and also for the state by throwing the weight of his influence as chairman of the committee in favor of its retention at Lansing. Having removed his residence from Farmington to Lansing, when it was incorporated as a city, he was elected the first alderman of the first ward and in 1866 was elected mayor of the city. Having all his life been an ardent temperance advocate, during his term of office he did everything in his power to enforce the liquor law, especially interesting himself in individual cases. Early one morning he saw a man to whom he had forbidden saloonkeepers to give whiskey, going into a saloon. He hurriedly entered and the quick-witted Irishman seeing him turned to the saloonkeeper and said, 'I positively forbid you giving Dr. Haze anything to drink.' Dr. Haze was of a genial sunny temperament, always fond of a joke even upon himself and he used to tell that and laugh about it as long as he lived. Always optimistic in trouble, one of his favorite quotations was, 'We walk the wilderness today; the promised land tomorrow.' For many years he owned a large farm near Lansing, and one of the dreams of his life was to build a home there, and in his old age gather about him his children and grandchildren. Then came a great sorrow, the death of his eldest daughter, the wife of the Honorable John S. Tooker, whom President Arthur appointed secretary of Montana, and who is still a resident of that state. In speaking of it to a brother-in-law long afterward he said, 'My daughter's death changed all that plan.' His brother-in-law replied, 'Henry, there is never to be another Eden in this world.' A few years ago his eyesight began to fail, resulting in total blindness, but he bore this affliction with cheerfulness and patience. No one ever heard him murmur or complain. The twenty-fourth of January we laid to rest in Mount Hope Cemetery all that was mortal of Dr. Haze.

"Dr. Haze was a lifelong Methodist. His power in Central Methodist Episcopal Church was felt and acknowledged. No official surpassed him in devotion and efficiency. He loved his church, was true to his pastors, appreciated Methodism and was elected a lay delegate to the general conference in Philadelphia in 1884. It was due to his sagacity and foresight that the Central Methodist Episcopal Church of Lansing secured its present ideal location. When any objection was raised he would say, 'Oh, yes, we want it there, facing the beautiful park kept up by the state.' When the new church was built he was made chairman of the building committee and his first subscription was a thousand dollars. Later in his feebleness and blindness he would sometimes say, 'I did all I could in every way when we built our church, and I feel as if it was a kind of monument.' He, Dr. Haze, was very fond of poetry and of the Scriptures and had stored his mind with beautiful things. In his last days he would sit in his corner in a chair presented to him by Central Methodist Church on his eightieth birthday and recite many beautiful hymns. He was fond of the Scriptures and when any of us would read a chapter of the Bible to him he would repeat right along with us many of them.

"The real shock which caused his death, undoubtedly, was the death of his wife with whom he had lived nearly seventy years. She died December 26, 1909, and he, January 21, 1910. So their separation was less than a month. He was an earnest man, enthusiastic, helpful, and hopeful, showing by example as well as precept, the way to better things. His public, professional, domestic and personal life were so pure and good that everybody respected him, loved him and mourned for him. The city flag at half mast proclaimed the popular grief when the sad news went out that Dr. Haze had passed away. An editorial in a Lansing paper in closing said: 'The sorrow and grief of a wide circle of friends is tempered by the belief that to Dr. Haze has come a reward above, well earned and richly merited.' "[44]

Dr. Harry A. Haze, a successful practitioner of Lansing, is a son of Dr. William H. Haze.

Dr. Hiram Rathbun came to Michigan in 1840. "He entered the ministry when seventeen years of age, locating in Clinton County where he conducted services for the United Brethren Congregation." He "traveled extensively as an evangelist. He was also a practicing physician and was well known all over Michigan in the earlier days. He was a strong Republican in politics and was one of the founders of that party at Jackson, afterward organizing 156 townships in this state."[44]

Dr. Atlee was one of the founders of the Swedenborgian Church in Battle Creek. He was a Quaker and was accustomed to say that Battle Creek was the only place in the United States where he and his wife could each attend the church of election. She was a Swedenborgian.

Dr. William Clark, Dr. Seeley, and Dr. Hale were all prominent in the Dowagiac profession in 1856. Dr. Clark was a brother of "Grace Greenwood."

Dr. George Whitefield Fish for a time edited the *Saginaw Daily Enterprise* and contributed to sundry other publications.[44]

In 1840 Dr. Lewis F. Starkey, formerly a partner of Dr. Theller in Detroit, was for a time editor of the *Kalamazoo Gazette*.[44]

Dr. Zina Pitcher with Dr. E. Andrews established the *Peninsular Journal of Medicine* in July, 1853.

"The next paper in the city [Three Oaks] was the *Herald*, which was moved here from Burr Oak, and was published by 'Squire Arnold for a time. Later it was published by Dr. O. Arnold & Son."[44]

Dr. William B. Cole came to Fenton in 1848 and engaged in practice; was elected censor of the Genesee County Medical Society. In 1871 he moved to Pontiac and purchased *The Jacksonian*; in 1873 to Ludington where he published *The Appeal*. He died in 1878.

He held the "office of justice" several years; was representative from Mason and Manistee Counties in 1875-1876.

Dr. Marshall Chapin of Detroit (1830-1840) in his ample garden cultivated the tomato, or "love-apple" as it was then familiarly called and grown for ornament only. It was shunned by most people as being poisonous and classed among poison ivy, wild parsnips, etc. He was most efficient during the two cholera epidemics that visited Detroit (1832, 1834). His drug, medicine and grocery store was predecessor of Hinchmans Sons.[13]

Strange to say, "Tomatoes and Cancer" was once at least taken seriously by no less a body than the Michigan State Board of Health. In April, 1878, Dr. H. O. Hitchcock reported on this subject "which had been referred to him at a previous meeting." Present-day consumers of this luscious fruit?—vegetable?—will be gratified to learn that it was given a clean bill of health, the doctor's conclusions being based upon "the replies of correspondents of the board throughout the state."

This assurance to tomato gorgers may seem supererogatory, but is, nevertheless, helpfully offered.

Dr. L. H. Cobb was an exhibitor of fruits at the Exhibition of Detroit

September 28 and 29, 1847. He was elected to membership in the Michigan Pioneer and Historical Society in 1858.

Dr. L. H. Cobb was a skillful physician and at one time head of the volunteer fire department (Detroit) which was chartered in 1842. He was manager of the Hargreaves Manufacturing Company.[13]

Dr. Robert B. Smith, born at Fairfield, New York, April 21, 1834, graduated in medicine from the University of New York in 1854. He practiced four years in Fairfield, then became surgeon on an ocean vessel. In 1863, he settled in Ionia, purchased a mill and engaged in the manufacture of flour.

He was president of the village and for years a director of the D. L. and N. Railroad.

He represented Ionia County in the legislatures of 1867-1868 and 1869-1870.[40]

Dr. James Eakins, educated at Toronto University and receiving Bachelor of Medicine degree 1870, engaged in practice at Port Crescent and was interested in salt manufacture.

Dr. Elmore S. Pettyjohn was a licensed local preacher of the Methodist faith, but devoted his life to the work of physician. He was born at Ripley, Ohio, July 9, 1855, received a public school education and at an early age engaged in teaching; entered the Indiana State Normal School in 1876 and when sixteen years of age was granted a first grade teacher's certificate. He taught for nine years in Terre Haute and elsewhere; was graduated from Rush Medical College, Chicago, in 1882, and the same year was appointed on the staff of the Eastern Illinois Hospital for the Insane. Three years later he became medical superintendent of the Bellevue Sanitarium, Batavia, Illinois, and thereafter devoted himself largely to the specialty of nervous diseases. He became superintendent of the Alma Sanitarium in 1893, and six years later the lessee and proprietor of that institution.

He published a magazine at the sanitarium and contributed frequently to medical journals. Retiring from the sanitarium, he traveled abroad, commissioned by the governor to visit institutions for nervous diseases in Austria, France and Germany.

He was a Mason and a member of various fraternal organizations, a Republican in politics, a prominent member of the Methodist Episcopal Church.[39]

He moved to Chicago.

Dr. Alphonso L. Ruffe, a homeopathic physician of Grand Rapids, a graduate of Hahnemann, Chicago, in 1887, established himself first in practice and in the drug business in Au Sable. He came to Grand Rapids in 1895, was one of the organizers of the fraternal insurance company known as New Era.[16]

Dr. M. E. Whalen (1860-1895) was a director in the First National Bank, Paw Paw.[54]

Dr. Linus DePuy (1820-1880), born at Rochester, New York, studied medicine at Albion, Michigan, and was graduated at the University of Michigan in 1862.

He settled in Grand Rapids, but later engaged in the manufacture and sale of medicinal extracts in Chicago. He returned to Grand Rapids in 1877 and was city physician in 1879. His death resulted from cancer of the stomach.[24]

Dr. M. C. Green, born in Hillsdale in 1855, a graduate from the "famous institution," the medical department, University of Michigan, in 1883, taught during the following year, and located in 1885 at Lowell.

He had, in 1900, "a practice liberal in financial returns" (which like the climate of California is certainly "unusual." C. B. B.) He was president of the Building and Loan Association of Michigan and chairman of the board of directors, Lowell Telephone Exchange.[16]

Dr. E. B. Strong was born in 1863, a son of Dr. Henry W. Strong of Jackson County. He studied engineering and "hopes to see the day when one current in the appliances in electricity and motor power will be involved in the permanent features of his science." He was graduated in the class of 1887, Detroit College of Medicine, located in Petoskey, later became house physician of U. B. A. Grand Rapids, and eventually settled in Byron Center, Kent County, where "his success as a surgeon has been marvelous." He also (in 1900) "made a specialty of nervous disorders."[16]

To one sometime particularly interested in the latter branch of medical work, the "ray of sunshine" and the "reasonable show of cheerfulness" which the doctor carries "into the sick room" make strong appeal.

Dr. Nyland, for many years member of the State Board of Registration in Medicine, born in 1855 in Ottawa County, was educated at the Ypsilanti Normal School and for six years was employed as teacher. He speaks German and Holland-Dutch fluently; is a graduate from Indianapolis Physio-Medical College, 1886.[16] (*See* Volume I, Page 361.)

Dr. G. W. McKinnon of Oxford located in that place in 1896. He was a graduate from Bellevue: was president of a bank: was Captain in the World War. His death occurred in January, 1927.

Dr. Abner C. Folsom, born in Erie County, New York, in 1823, came to Hillsdale in 1844, studied medicine there and practiced in Lapeer County.

He was interested in farming and stock raising; held numerous township offices; was postmaster of Drake in 1878.[52]

Dr. Orson Millard (1845), born in Utica, Michigan, studied medicine with Dr. Clark of Flint, and was graduated from the University of Michigan medical department in 1870.

He was for a number of years health officer of Flint, and in 1892 physician for the School for the Deaf.

He was much interested in fraternal insurance societies. He "invented some valuable electric works and also the gas machine which is known by his name and which is extensively used."[52]

The above record was made thirty-seven years ago. The type of "gas machine" is not revealed. Possibly it still survives and is "extensively used," but many a medical "gas machine" has in the fullness of time fallen into desuetude and been relegated to the limbo of forgotten things.

"Next we find Dr. (Robert A.) Watson of Petrolia, Ontario, where he worked at distilling and refining oil" (this was after his graduating in pharmacy from the Baldwin University, Berea, Ohio, in 1869). Previously (in 1862), at the age of seventeen, he was engaged in carrying mail through the forest on foot for sixty miles from Saginaw to Forestville.

In 1872, after marriage, he became connected with the Caseville (Huron County) Iron Works as assistant superintendent under William McKinley, the father of President McKinley.

He lost property in the panic of 1873. From what was saved he began the study of medicine and was graduated from Western Reserve University, Cleveland. He practiced in Ubly, Huron County, lost a drug store by fire, moved to Caro in 1888. He was made a member of the Cuyahoga County Medical Society in 1880.[52]

Dr. Timothy Lowthian of Unionville, Tuscola County, born in 1848 in Canada, was at the age of twenty-one employed in the construction of the Inter-Colonial Railroad; later he was engaged in the drug business at Caro where he studied medicine with Dr. William Morris, Sr. He was graduated at the University of Buffalo in 1880.[52]

"Dr. S. H. Douglas has been superintendent of the works since the formation of the company [Ann Arbor Gas-light Company], and under his careful management whatever success has attended is, in a measure, due to him."[34]

Dr. Sabin was instrumental in developing, in 1840, the excellent water power existing near Memphis, Macomb County.[30]

Dr. M. W. Clift of Grosse Ile is an accomplished roentgenologist and was in this capacity a member of Base Hospital Unit No. 36 in the World War. He has marked artistic ability with brush and pencil.

Dr. B. Howard Lawson (1830-1921) received his early education in the public schools of New York City and his medical training in the Cleveland University of Medicine and Surgery (M.D. 1871). He came to Michigan shortly afterwards, opening a hardware store in Howell. A few years later, he started the banking house of B. H. Lawson & Company, in Brighton. He located in Detroit in 1889 and for some time devoted his energy to the establishment of the Union Trust Company and was its first assistant treasurer. A little later he entered the practice of medicine, becoming a member of the staff of Grace Hospital and vice president for a period.

He was a member of the Knights Templar (chaplain of the Old Guard of that lodge), a member of the Consistory and of the Shrine. He was a life-long Presbyterian, attending during the last years the Grosse Pointe Presbyterian Church.[36]

Dr. Walter H. Sawyer as member of the school board of Hillsdale and trustee of Hillsdale College and as member of the Board of Regents of the

University of Michigan has been for many years prominent in educational affairs.

He served on the State Board of Registration in Medicine from 1901 to 1906, was president of the State Medical Society in 1913; has been member of the legislative council of the American Medical Association and of the State Committee of National Defense; is a member of the State Executive Committee of the Volunteer Medical Service Corps, acted as contract surgeon for the United States Army in 1918; is a fellow of the American College of Surgeons.[40]

"This is not a biography in any sense but an appreciation—extremely inadequate at that—of a devoted and well-liked friend. I dote on the word "like"—it means so much. One likes those who can never disturb his peace, who are always welcome whether he is in pajamas or dinner clothes, whether busy or idle. Sawyer measures up to this standard. It would be a circumscribed and miserly mind that did not cheerfully react to his comings-in and rejoice in his chummy down-sittings.

"I have no particular concern to tell where he was born, although I know, or to reveal his age, although it is recorded in 'Who's Who.' My interest lies in the towering importance of the fact that he was born somewhere and in my generation, and that he still lives, mingled with regret that Michigan citizenry which knows him so well and esteems him so highly cannot proudly proclaim his birth among them. In camp-meeting phraseology, this Wolverine writer would 'feel to rejoice' had parturition taken place here instead of over there but border warfare with Ohio ceased nearly a century ago. So that's that, or as was mentioned in connection with a one-time popular beverage, 'that's all.'

"It is recalled that when his name was proposed for the presidency of the Michigan State Medical Society there was used a paraphrase something like this of Conkling's famous speech nominating Grant—'You ask whence comes our candidate, and we answer, from Hillsdale and its college of which he is trustee and which has bestowed upon him the LL.D. degree, from Ann Arbor when the Board of Regents is in session, from important state and national medical bodies, from an exacting clientele wont to depend upon his ministrations'—and more besides. The occasion was inspiring and the subject altogether worthy.

"In Hillsdale to speak of the Red Cross is to refer to Sawyer; the liberty loan or draft war board, again Sawyer; the activities of the Rotary Club, Sawyer; worthy civic enterprises and industrial undertakings, Sawyer always. Indeed as to the latter his enthusiasm once led him in paths of perplexity. Did he succumb? No indeed. It was Walter working out alone a difficult problem.

"Once he was very ill and in grave danger. Was he courageous and unflinching? Ask any of the neighbors. He has recovered for which *'Dieu merci.'*

"Apart from those connected with a charming family, his eye has been, largely, single to the interests of the profession of medicine. This has been his life, success in it his ambition—and success has been achieved. It may be said without exaggeration that the medical profession is deeply his debtor. In emergencies he has been a prop and dependence. Affection and admiration for him are universal among his colleagues. He accepts responsibility, never holds off and always delivers the goods. On my Gorgas Memorial Calendar of today I read, 'Think before acting, act before forgetting.' That's what Sawyer does.

"My own association with him in business, and professionally and personally, has been most intimate. He is an admirable appreciator. No one has made to me so many amiable expressions. How stimulating and prideful the effect of these! In day-to-day contacts with fellow men such an example is worthy of emulation. In this speedy life too much 'goes without saying.'

"Walter is a jolly good loser and has had large experience of this in bridge. His contagious laughter is music to the soul of C. B. B."[36]

"Dr. Sawyer, '84 [University of Michigan], is perhaps best known to Michigan graduates as a regent of the University of Michigan, in which capacity he has given his best services to the University for twenty-two years. He was born in 1861, the son of George and Julia A. Sawyer, in Huron County, Ohio. Dr. Sawyer graduated from the Grass Lake (Michigan) high school in 1881 before entering the school of medicine at the University. During the years 1881 to 1885, following his graduation, he was house surgeon at the University Hospital, but ever since he has practiced in Hillsdale, Michigan, where he makes his home and where he married Miss Harriet B. Mitchell in 1888."[36]

Oratorical—Literary—Dramatic—Artistic

Orators have always abounded in the medical fraternity. Something about the practice of medicine there must be that draws forth the very best in eloquent expression. Among pioneer physicians one called upon for reminiscences responded feelingly as follows: "I have heard many statements made here that I had intended to make myself, and I fear I shall not be able to make the same remarks I expected, as they have been already made. I see before me today some old friends of fifty years ago with whom I am glad to meet." Here the wind rising and threats of a storm appearing, prospect of another address comparable with the Gettysburg classic was destroyed.

Another revealed that "about a month ago I was at Dorchester and all the country in the vicinity of the chocolate factories was perfumed with the chocolate and other preparations being put up there; it was very tempting. What has that to do with this convention, you say? Just this, 'When I come to Lansing to attend the Pioneer Society I like to hear good music and good singing. It perfumes the air.' "

Such glowing words as those above point almost infallibly to inspiration.

Dr. Baldwin, an old time physician of Geneseeville, was a popular speaker at political meetings. On one occasion he declared, "I will give you a description. Her hair is white as the snow-capped mountain, her eyes shine like stars at night under the blue vault of heaven, her cheeks are like rubies and her teeth white as pearls. Her name? The Republican Party." This coming from one originally and for years affiliated—the typist transcribed this word "afflicted" and this writer is loth to change it—with the Democratic organization but, to use an ecclesiastical expression, "converted" late in life, is justly regarded by his old time neighbors, one of whom remembered the incident, as oratory at high speed.

"Dr. Wells B. Fox of Bancroft was to have delivered the memorial address, it having been customary for him to take part in the exercises for a number of years. He was a very eloquent speaker."[44]

There is no joke about this. He had a fine reputation as a soldier, a physician and as a platform orator.

In discussing "How Public Speaking can help the Physician," a writer in the *Wayne County Medical Society Bulletin* says:

> "We all agree that a person should always be natural. But there are two ways of being natural. You can be your worst or your best self. You can be ignorant and coarse and silly, and be natural. Or you can be educated and cultivated and refined, and be natural. You can be selfish and be natural, thinking only of yourself and seeing how many bad habits people will tolerate in you, and keep the wad of tobacco in your mouth and puff your cigar where it isn't wanted, especially in the presence of women, and thus encourage patients to get another physician. Or you can be unselfishly natural, thinking first of your patient and how you can help him, and radiate health and cheer by a smiling, agreeable personality that makes patients tell others that it 'just does me good to hear the doctor at the door and to see him in the room. Mannerisms that are natural to you, but that give a weak, negative, irritating impression should be eliminated."

This comes too late to be helpful to old-timers, but may prove a boon to the rising generation.

Dr. Foster Pratt of Kalamazoo was an eloquent speaker and writer, as was Dr. Charles Rynd of Adrian, and both were highly influential in the different political organizations to which they owed allegiance. Dr. Brodie of Detroit was a caustic speaker, not a gifted orator but one who never left his hearers in doubt as to his position upon any vital matter of society or professional interest which he espoused. Dr. Dunster of Ann Arbor spoke persuasively, as did Dr. Frothingham, to students. The former laid much emphasis upon etymology. Drs. A. B. Palmer and Donald Maclean of the University faculty were also excellent speakers, and Dr. Theodore A. McGraw of Detroit was the most logical, convincing and coherent discusser of any surgical question to whom it has been the privilege of the writer to listen.

" 'If the highlands produce poets,' the people of the lowlands of Northfield can congratulate themselves on producing men of literary tastes and abilities." Among these are enumerated in the "History of Washtenaw County," Page 642, "Dr. John Kapp, mayor of Ann Arbor, and his brother Dr. C. Kapp, of Manchester, Dr. H. Shurtleff."

Dr. Edgar B. Ward (1835-1899) of Laingsburg was born in Ontario County, New York, September 27, 1835. When he was a young child, his parents settled in Lodi, Washtenaw County. He was educated at Lodi

Academy and in 1854 taught school in Millersburg, Kentucky. He graduated in medicine at the Michigan University in 1858 and began practice in Centreville, Iowa. He moved to Owosso in 1859, to Laingsburg in 1862. He had an extensive practice and an excellent professional reputation; "was exceedingly jealous of the dignity of his profession and never sought to restrain his contempt for anything that tended to degrade the science of medicine."

As "Q" of the *Owosso Press,* he had a state reputation for wit and pungent criticism and "his sayings were quoted on a par with the humorists of the day." He "had a peculiar faculty of portraying the foibles of human nature in character sketches. His 'Weatherwax' and 'Old Man Starkill' stand out like real characters." He had a profound scorn for hypocrisy and attacked it "with scathing, withering scorn."

He was sympathetic and generous. "We have his own assertion that he was not naturally of a humorous vein, but the reverse, and that often in despondent moods he turned to writing for relief, and as soon as his pen touched paper the humorous phase seized him and he lost himself and his 'blues' in the excitement of the succession of ideas which came rushing on."

He served with credit in the legislature of 1869.

He was married and the father of two children, one of them, Dr. Walter E. Ward, of Owosso. He was for many years master of his Masonic lodge.

The foregoing are extracts from biographical notices in "Michigan Pioneer and Historical Collections," Volume 39, Page 108, and "Michigan Biographies," Volume 2, Page 504, and a communication, for which indebtedness is acknowledged to Dr. A. M. Hume. The present reviewer knew Dr. Ward well and for many years encountered him in the State Medical Society of which he was an influential and highly popular member.

The following are excerpts from a paper which he read at the State Medical Society meeting in 1880:

"In searching the history of medicine we find that chemistry is an outcome of ancient alchemy, from whence it derives its name, and which was first used at a very early period in efforts to manufacture gold from the baser metals. The Egyptians have the credit of first using chemistry in the manufacture of glass and linen and dyeing, as well as in their embalmings, wherein they exhibited a degree of art unknown to the present generation. That, however, is a matter of indifference, as upon careful thought no one person has occurred to me that was worthy of embalming.

"When we come to priority in the practice of medicine, we find that Adam was the first physician as well as accoucheur.

"Cain performed an unfortunate surgical operation upon his brother, but Tubal Cain who was the first known cunning artificer in metals has the reputation of being the first surgical instrument maker. He probably charged just as they do now—four prices and 20 per cent off for cash. I fancy his card read something like this:

TUBAL CAIN
Manufacturer and Dealer in
SURGICAL INSTRUMENTS, TRUSSES, SUPPORTERS, ETC.
Corner of Olive and Zion Street, Jerusalem

Having completed his work on the Temple, the undersigned will devote his entire attention to the manufacture of Surgical Instruments. None but the best Damascus steel used in knives, and all work warranted.
Twenty per cent discount on everything.

"The idea may not have occurred to you, but if you will reflect a moment you will find that the first surgical operation upon record, or at least the first successful operation, was circumcision. A knowledge of anatomy was necessary for anything more elaborate and until that was reached surgery was comparatively dormant.

"The priestcraft, however, puzzled the doctors, for when the monks found that they could no longer confine the practice of medicine to themselves, they denounced it. In 1215, Pope Innocent III fulminated an anathema specially directed against surgery; but, finally, a special bull from the Pope effectually divorced medicine from theology. Still, in many Catholic countries, the saints have proved sad enemies to the doctors.

"Of course you all know about the fabulous 'royal gift of healing' which prevailed in France and England about the sixteenth century, and for a period of seven hundred years the practice of the royal touch was exercised to a greater or less degree in the cure of disease.

"This subject might be elaborated, and we might linger on sympathetic disease, and the dry and wet cure; but as it was not my original intention to clear the hall, I shall abstain from further worry.

"Finally, brethren, let me advise you not to lose your cud, but ruminate and reflect upon the advances you have made since the days of Antony and Cleopatra, and upon the uncertainty which frequently attends your best efforts both in curing the patient and in getting your pay for it. Keep on in the great and somewhat glorious calling which you have adopted,—of getting up nights and going on foot, if need be, and out of your way in the rain, to see patients who will cuss and discuss your merits and compare your variant ability with your charlatanic, not to say satanic, competitor.

"I say, keep on. Let your motto be 'Excelsior,' whatever that word may imply,—

And when you die,
    As die you must,
And render up
    Your earthly trust,
You'll reach a place
    Devoid of ills,
And cease to be
    A man of pills."

As usual, he lapsed into poetry at the 1883 meeting. The product is long for quotation in entirety but the following selection makes a timely appeal:

"Then you're expected to take a hand
In all reforms throughout the land,
Especially in the temperance band!
    The only hope of our nation.
For a drunken doctor is worse than bad,
But, catch him sober,—they're always glad
To employ him, for it seems so sad
    To see such profligation!"

The word of warning in stanza seventeen is obviously superfluous:

"The wiles of woman and all her arts
Should be shunned, for it fearfully smarts
When one of the devil's o'ershot darts
    Strikes a man in the liver!
It interferes with his flow of gall,
And makes him feel most mournfully small.
For 'the trail of the serpent is over it all!'
    And it's hard to forgive her!"

Likewise that in stanza eighteen concerning the last two lines of which Dr. Ward feels it necessary to explain in a footnote, "This is a quotation from Robert Burns, another great poet, who flourished during the eighteenth century. His lamp of life burns no longer,—he is dead."

"Lastly: place not your trust in drugs!
They'll kill bacteria and other bugs
If you catch 'em, and put it in their mugs!
    But this is not *de jure!*
Depend upon it, they'll often lack;
But the thing which always stands to the rack,
And always toes the professional track,
    Is the *vis medicatrix naturæ!*"

What follows is from an anonymous "Professional Idyl" published in "Transactions of the State Medical Society," 1884. There is a strong suspicion on the part of the reviewer that it came from an identical source:

"From the ragged edge of the wild unknown,
From a torrid sky to a frigid zone,
From the rising sun to the distant west,
From a dismal swamp to the mountain's crest,
From an Indian camp to a peaceful home,
In sight of a country chapel's dome,
From a woodman's hut to the grand farm house,
From the man in style to the man in blouse,
Where'er you go in all this round,
The 'country doctor' may be found.
You will know him at once—a man of years,
Who has an impediment in his ears;
He has heard old garrulous women hum,
'Til he has damaged the scope of his tympanum,
And you'll find him list'ning to catch it clear,
With a hand behind a generous ear.

* * * * * * * * *

He will gaze off on the professional fold,
And tell you at once and without a glass,
Who is a man and which is an ass.
His head you will find as often as not,
Surmounted by simply a shining spot
Of glistening cuticle smooth and bare,
And around it a fringe of curling hair,
'Tis caused by wearing too hot a hat,
And not by a brain composed of fat.

* * * * * * * * *

In short he's a representative man,
Who lives and loves as best he can;
And when he shuffles off his coil,
Is called from labor and ceases toil,
And his light goes out and the people mourn,
And say that his like was never born.
You'll find some wings just budding out
On his scapulæ in vigorous sprout,
While mythical golden sulkies stand
To speed his soul to the happy land,
And angels nearing 'the gates ajar'
Shout to St. Peter, 'Here comes a star!'"

The following lines are extracts from "Esthetics in Medicine" by E. B. Ward, M.D., Laingsburg:

"In place of the old-fashioned course of emetics,
Why not give a dose of exquisite esthetics?
Bring your patient to health on a bed of soft roses,
Surrounded by lilies, and sunflowers, and posies.
Now, the knife of the surgeon—as an entering wedge—
Should be shining and bright, with no 'feather edge,'
And should penetrate kindly and gently and sure,
With a loving respect for all human gore.
The patient should lie in an easy repose,
With a flower on his breast (a carnation rose),
And be perfectly calm and collected—unruffled,
While gently his sighs by a sunflower are muffled.
In the line of obstetrics, where is the face
That never saw loveliness in such a place?
Your patient, of course, is having some pain!
But they're sweet, if they're frequent enough; and, again,
They certainly will, and its lovely to know,
Produce a production! A blossom, a blow.
In cases like this there should be no annoy;

The nurse and attendants all pregnant with joy,
Should buoy up the patient, (no pun—understand!)
And bring the whole cargo to light and to land.
Encourage your patients, and teach them to know
That there's something to live for, to blossom and grow;
Don't give up the case 'til flowers cease to bloom,
Because sadness comes o'er you, despondence and gloom!"[54]

His "Professional Dude" says among other things:[54]

"Would you like to know the name of your disease?
    Well, sir, you have a febrile ailment, sure!
With splenic fullness and quite large degrees
    Of bilious trouble, which doth most allure
The festive mandrake and cinchona bark,
    Together with a generous blue pill
To make the glands in common toe the mark,
    Lest you at length to grief should come, alas!
    And for the shining shore receive your pass.

"You thought that you had ague? Well, my friend,
    You're not the first and only man deceived
By vulgar fancies. I who do attend
    Upon much sickness am to be believed
When I with positive assurance do affirm
    That you—as we of the profession say—
Have intermittent fever, and the term
    Is not to be applied another way
    Or warped to other meaning—so good day."

Dr. Ward, secretary of the Shiawassee County Medical Society (1928), inherits his father's humor. He had succeeded after much solicitation in inducing a doctor to join. "He became," Dr. Ward writes, "one of my most devoted admirers and always complimented me on my minutes. Unfortunately, the brother has passed on to the Great Beyond, and I can't read the minutes to him any more. This concludes my broadcasting; please stand by."[36]

"Dr. Michael Carl Theodore Plessner was one of the pioneer physicians of the Saginaw Valley. He was a Prussian, born in 1813. His father, Henry Plessner, was a professor in the University of Breslau. He studied medicine from 1833 to 1837 at the University of Berlin, graduated as a Doctor of Medicine, and was immediately appointed surgeon of the Cholera Hospital, serving in and about Berlin for four years. He was next a Royal Officer of Health at Friedland and Stettin, successively. He was a revolutionist, with the usual sequel, and August 10, 1849, found him in Saginaw. He immediately entered into the affairs of his new home. In 1852 he was a Free-Soil advocate of Hale, but thereafter he was a Republican. He was a justice of the peace for eight years, superintendent of the poor for the same period, president of the city board of education for ten years and a presidential elector in 1868, in the electoral college which elected General Grant to his first term in the presidential office.

"He was one of the early proponents of German immigration into Michigan and is credited with the composition, in German, of the 'Emigrants' Guide to the State of Michigan' published by Commissioner Thomson in 1849. His death, after forty-five years of active practice in Saginaw, was made the occasion of many public appreciations of his qualities as a medical man and a citizen."[15]

"A German-American doctor who was very useful to his adopted state, largely as an influence for culture, was Dr. Edward Dorsch, of Monroe. Edward Dorsch was born in Bavaria in 1822, his father having been an attache of the court. In 1830 he was sent to a celebrated Catholic institute, where for many years he was the only Protestant pupil. He left in 1840, at the age of eighteen, to attend Munich University, graduating therefrom in his twenty-third year. By order of the Bavarian government he was sent to Vienna, to perfect his theoretical knowledge by actual practice in the hospitals. In addition he took up the study of philosophy, botany, natural history and kindred sciences. Being an active thinker and ready writer, the government in power took offense at the tone of his articles, and in the spring of 1849, with a large number of others, he was driven out, coming to America in the capacity of surgeon to the other emigrants.

"He came to America, intending to settle in Detroit, but was diverted to Monroe by a friend. He arrived there in the fall of 1849, and practiced until his death in 1887. From his earliest citizenship he was a staunch Republican. In 1860 he was presidential elector from the second district, on the ticket headed by Mr. Lincoln. He refused all local offices, accepted for one term an appointment on the state board of education. In 1868 he was appointed examining physician for the pension board, which position he held up to the time of his death. While pension examiner he prepared a draft showing the course and effects of a rifle ball on the human body, which was afterwards adopted and is still in use by the pension department.

"Outside of contributions to magazines he published a book of poems in German, never translated, entitled "Hirten Briefe an Mein Volk." Critics speak in terms of the highest praise of his masterly handling of words, although they claimed that the thinker over-ruled the poet. His translations of the English poets into the German have called forth only the highest words of praise from the critics.

"Personally Dr. Dorsch was of a retiring disposition. A careful student, generous to a fault, beloved by those who knew him, he had few intimates. His warmest and truest friends were his books. A connoisseur in art, he gathered a fine collection of artistic works, many of which were given by his wife to the library of the University. The family residence was also left to the city of Monroe for a library, called the Dorsch Memorial Library."[15]

"Dr. Peter Klein was a very early physician in the modern period of German-American settlement in Michigan. He settled in Detroit as a practitioner in 1846, fresh from the medical courses of King's College, Toronto, and Geneva, New York, College of Medicine. He came from Dormagen, [Oerminger, Alsace?], on the Lower Rhine, where he was born in 1813. His mother and step-father brought him across the ocean when he was fifteen, the trip taking eighty-eight days. The family took up a farm near Buffalo. When he was twenty-one, he studied medicine four years under a physician, practiced in Western New York, following this experience with two years of study in the institutions named. He was splendidly ethical, and was one of the earliest members of the Sydenham Association, predecessor of the Wayne County Medical Society, both organized by the regular practitioners of his period to maintain the integrity of medical ethics. Dr. Klein was an ardent Democrat, and his fervor brought him into the foundation of the *Michigan Volksblatt,* a newspaper, in 1854, of which he was the editor. During the Civil War, when past his fiftieth year, he was surgeon in charge of the Exchange Barracks of the federal army, which preceded Harper Hospital, Detroit, and left behind him a record of hard work among the wounded and disabled soldiers of the war who were returned to Michigan for treatment. Dr. Klein was a city physician of Detroit when that was a 'thank you' job."[15]

Dr. James C. Willson was of discriminating literary tastes and possessed dramatic appreciation of a high order. He was an influential member of the Shakespeare Club of Flint.

Of musical and dramatic talent in the profession there has been no lack. The family of the late Dr. David Inglis of Detroit constituted a complete string orchestra, the doctor himself playing the cello.

Dr. Spitzley of Detroit has written and produced operas. He has a magnificent voice.

Dr. C. B. Stockwell of Port Huron sang delightfully.

Dr. Marker, late of Eloise, also sang wonderfully well, and the accomplishment was in great demand at meetings of those engaged in welfare work for the insane.

At the close of the Civil War when patriotism ran high and the recollection of privation and suffering in Southern prisons, particularly the prison at Andersonville, was vivid in the North, there was produced in almost every locality that could command sufficient talent a thrilling and heart-lacerating melodrama entitled "The Union Spy." In Lansing the play was brought forth by the Grand Army of the Republic, the different parts being taken by returned Federal soldiers.

Divers individuals drilled as the "awkward squad," seasoned veterans put on a parade, full panoplied and with much pomp and circumstance. The story of the play revealed in its progress a bivouac in the moonlight, a sleepless soldier with thoughts reverting to his distant home, pondering upon the events of the day and dreading the morrow. From behind the scenes came faintly but impressively the popular song of that time, "Tenting on the Old Camp Ground."†

The climax was reached when "Willie," a drummer-boy, was discovered by "Captain Albert," his brother, in a prison into which with high courage and loud alarum the captain and his cohorts had broken. The prisoners were in the last stages of emaciation and distress. Their flour-covered faces revealed indubitably what the lot of all would shortly have been but for the timely arrival of the heroic rescuers. One of the incoming band took the moribund Willie in his arms and turning to Albert enjoined him, "Cheer up, Albert, little Willie is dead." The emotions of the auditors at this point reached the highest pitch, and tears fell like rain. Albert cried out in deep distress, "Oh my God, this is horrible," and the emaciated prisoners groaned, "Bread, Bread." There wasn't a dry eye in the house and in the intermission Mat Daniels' saloon was convenient for the relief of other forms of aridity.

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†A song concerning which Don S. Seitz in "The Also Rans" quotes Secretary Stanton as saying that Septimus Winner deserved to be hanged for writing.

Fortunately for its effect upon the audience, but regrettably for the artistry of the play, the simultaneity of expression to some extent relieved the tension. In the rendition it came out thus, "Cheer up, Albert, little Willie is dead, Oh, my God this is horrible bread bread."

Dr. Rush J. Shank of Lansing, who as a very young man had enlisted in the Northern army, carried off the part of "Albert" with high eclat. He was a versatile chap, a born leader and very popular. His personality and force as assistant chief of the Lansing Fire Department inspired to lofty courage. He was exceedingly active in politics, and until his health broke down was useful both in his profession and as a citizen. He was a staunch Republican and adhered to the then popular and somewhat picturesque school of "practical politician."

Dr. Louis Davenport died October 22, 1879, aged 50 years. He studied in the office of Drs. George B. Russell and A. R. Terry and at the University of Michigan; was graduated at the Western Reserve University. He practiced medicine is Houghton for two years, then moved to Detroit. In 1861, he was appointed surgeon for the Marine Hospital, which position he held for six years; was reappointed in 1868, but resigned. "He was a skillful physician, a kind hearted gentleman, an affectionate son, and had many warm friends."

Dr. D. L. Davenport, a popular physician of Detroit, made his appearance at a costume ball in 1857 as Don Juan.[13]

The above item inspires the declaration that veritable Don Juans in the profession are conspicuous for their rarity. Genius is closely allied to other "departures" than that of the proverbial insanity with which it has long been associated in the popular mind. Literati, legal luminaries, dramatic artists, military and naval immortals, statesmen, sculptors, painters, to say nothing of evangelists and theologians, have furnished their respective quotas pursuing the "primrose path of dalliance." Not so physicians. Sex scandal has been notably absent in their ranks. Are there no geniuses among them? Perish the thought. Opportunities? Innumerable. What then the explanation? Hard work and training in inhibitory control, the present writer ventures in answer.

In connection with the foregoing, of tragic interest from the medicolegal angle as well as pathos from that of personal and professional failure, was the suicide of Dr. Frank R. Loomis, a Detroit physician. On returning from an evening walk, February 22, 1927, Dr. Loomis found his wife slain in her home. Her children were peacefully sleeping upstairs and knew nothing of the circumstance which was eventually to lead to orphanage, desolation, and dependence upon an aged grandmother without financial resources.

Dr. Loomis summoned the police immediately. They found him in clothing upon which were spots of blood attributed by him to contact with the remains of his wife in the effort made to investigate her wounds and provide care. He was promptly arrested, subjected to searching interrogation for days and eventually discharged, no flaw having been found in his story. Later on extra official investigation, inspired by that concern for the public weal so often revealed in newspaper activities, he was rearrested, tried, acquitted. It is to his credit that professional acquaintances who knew him most intimately in Detroit and apparently without exception those living in the country home where as a boy he was brought up, placed full credit in his story. He turned on the gas after writing a farewell letter. This, directed to the Detroit Police, was under date May 19, 1928, and was abstracted by the *Flint Journal:*

> "The reason for Dr. Loomis' suicide, a year after he was acquitted of the slaying of his wife, was given only inferentially. 'I have endured to my mind the severest kind of humiliation, and disrespect for over a year,' the note read. 'This was all due to cheap political maneuvering on the part of would-be office holders.'
>
> TELLS OF TERRIBLE LONELINESS
>
> " 'My trouble now is terrible loneliness and disrespect and discouragement,' the note added.
>
> "The remainder of the note was devoted to comment respecting newspaper articles and tribute to 'many wonderful friends' in Detroit and Brooklyn, Michigan, the doctor's boyhood home.
>
> "The doctor's death note, as copyrighted and reproduced by the Detroit News, follows in part: . . . . .
>
> STRIKES AT CRITICISM
>
> " 'I have done things for which I have been most cruelly criticised. What I have done I am proud of, and consider my actions as a duty attempted.
>
> " 'The public many times reads things in the paper which are untrue. Before my trial I was also guilty of swallowing newspaper articles whole, so I don't entirely blame readers of believing things at their first glance at the paper. . . . . .
>
> PROUD OF LIFE
>
> " 'I am proud that my life was such as to merit (I believe) such wonderful friendship.
>
> " 'Please print this in the paper just as it stands.'
>
> "Examination of the letter showed that although Dr. Loomis was found dying in a dentist's office adjoining his own suite, at 8:30 A. M. Saturday, it was not cleared through the local postoffice until 11 P. M. Saturday.
>
> "It appeared in print almost exactly forty-night hours—as Dr. Loomis had predicted—from the time of his death. In another note addressed to the police, the physician had said 'a newspaper article will be published in twenty-four or forty-eight hours explaining this action on my part.'
>
> "To whom Dr. Loomis entrusted the note to be mailed some time after his death was not determined."

In connection with this article was published an interview with a woman friend:

> "She denied a police report that she and Dr. Loomis had quarreled, that he had threatened her and that she had been hiding from him. She said they had never quarreled and that she had never had any trouble with him. . . . . .

SAW HIM THURSDAY

"Mrs. Newell said she and Dr. Loomis dined with some friends at a restaurant here Thursday night and that he drove her to her apartment about 10 P. M. and left, saying he was going to attend the funeral of his brother-in-law the following day. 'That was the last time I saw him,' she said.

"She told officers who questioned her in her friend's apartment where she is ill, that she went to Ypsilanti Friday morning and returned to Detroit at 11:30 P. M. Friday night by interurban. She declared she did not know Dr. Loomis had killed himself until 2 P. M. Saturday when she telephoned a friend who told her of what had happened.

"Mrs. Newell said Dr. Loomis never had discussed his family life with her, but had said his wife was 'a very admirable woman.'"

In the absence of knowledge to the contrary, the conjecture is reasonable that after the death of his wife he sought relief from loneliness in this friendly relation.

An instance in point of comparison concerns the member of another profession. "Aunt Gitty," who had borne two sons to Judge Isaac H. Tiffany "before Fletcher made her acquaintance," and who it was supposed had furnished money to purchase his law library, found herself deserted by the judge in 1821. Suspecting then that she would not be received in Detroit Society, he removed to the village of Ann Arbor where he doubtless hoped her "eccentricities," "personal ugliness" and "oddities of dress" would be a less serious handicap. At all events they lived on a "farm just east of the present University campus" until she became insane and was removed to an asylum in Brattleboro, Vermont. There she died in 1855, twelve years after the judge had divorced her and married an Irish woman who supported herself by takin' in washin'. ("Laundresses" were a later creation.) "They lived happily enough and the new wife took excellent care of the judge in his declining years." After his mind began to give way before the inroads of intemperance, his position declined from Chief Justice of Michigan to justice of the peace at Ann Arbor. The foregoing summary is from Ross and Catlin's "Landmarks of Wayne County and Detroit," but these accomplished writers are not responsible for its phraseology.

Personally, I have known but one instance of a definite slip of the professional foot. It had to do with osculation of the shoulder of a young miss whose chest had been the object of examination. I have an impression the "assault" was regarded by the recipient as flattering, but a male cousin took up the matter in partisan spirit and she was induced to threaten suit for damages. "He must have been insane," quoth his mother, the wife of a minister, who interviewed me on the son's behalf. To the question, "Don't you think so?" I had to respond in view of the non-existence of other symptoms of insanity that in my opinion he had yielded to an impulse common to healthy people. "Without exception," I added, which caused her to gasp. She had theretofore recognized no other than a spiritual quality in her own love experiences. "Tell him not to shrink up too much, to cultivate poise, and to settle on the best terms obtainable," was my advice, which was followed, resulting, I believe, in happiness forever afterward to all concerned.

Another so-called "revelation" came from a woman patient who alleged that Doctor ——— "set" one of her children, her husband the other. But she was sadly deluded, insane, very, and on more than one subject.

Those rhymesters and poetasters heretofore mentioned are by no means alone in the profession in devotion to the poetic muse.

Dr. Edward Bartlett came to Michigan in 1839. He studied with Dr. Abbey and at the Western Reserve University, Cleveland. He practiced medicine in Springfield. The following extract is from a poem written in 1846:

"Let not a tear moisten the eye
When my life shall be drawn near a close
For I'd cheerfully live and as cheerfully die
As the weary would seek repose.

"Aye, little I ween 'twill avail
Where we are when that death becomes due
We have lived, we must die, 'tis an oft told tale.
Yet to us as to others, 'tis true.

"But when we are borne to our rest
Be it here or afar o'er the sea
If we are fondly remembered by some feeling breast
How blessed will our memory be."[44]

Dr. J. A. Robinson presented a poem on "Pioneer Greeting" at the annual meeting and picnic in Jackson County (1890) which was "warmly received."[44] There were "hot times" at the old pioneer meetings.

In the diary of Dr. Arphax Farnsworth of Saginaw, who died February 11, 1895, there was found this bit of poetic philosophy: "The defects and littleness of humanity pass away when we measure a Jesus Christ and count the upward steps of the human feet. Man need not fear death, for He who planned such a world as this and such a human mind for such a world, must be fully trusted in man's last hour. If man is the only creature that ascends, he must be the child and favorite of his Maker and in death will still climb up. Why should he climb so grandly unless at the head of the massive stairway he is to meet the open arms of his Father?"[44]

"The Atheneum, at the northeast corner of Congress and Randolph Streets, was built by Dr. C. P. Palmer, and opened on April 18, 1864, with Garry A. Hough as manager."[37]

"The Detroit Opera House, on the Campus Martius, was built in 1869, by a stock company, of which the late Dr. Eliphalet M. Clark was the principal stockholder, and opened on March 29 of the year. The first manager was Garry A. Hough, who received a month's lease from Dr. Clark."[37]

"The Social Turner Society, though organized in the summer of 1853, gave no dramatic performances until 1894. Among its founders were Dr. H. Kiefer, Robert Roehm, Joseph Burger and John Benoit."[37]

Dr. Alfred Graham, who removed to Detroit in 1891, was connected editorially with several medical and religious publications, and lectured extensively through the eastern, middle and southern states. He was associate editor of the *Medical Counsellor,* of Detroit, department of mental and nervous diseases; a member of the medical staff of Grace Hospital, Detroit, and elected neurologist thereto in 1897. At one time he had in course of preparation a volume of lectures embracing a number of religio-scientific subjects and was preparing for publication a large volume containing more than 125 original poems. "It is said by competent critics who have perused his manuscripts that the prose and poetical writings of Dr. Graham will have a permanent place in the literature of the times."[37]

To "peruse," it may be mentioned *en passant,* is a prerogative of the highbrow. Those of lower cultural levels merely "read." The fondest hope of this amateur historiographer (or historiaster as you prefer) is that this product may be "perused."

Dr. Francis Xavier Spranger, who came to Detroit in 1862, was the pioneer disciple of Hahnemann in the profession in Michigan, having been a graduate of the Homeopathic Medical College of Cleveland. He was born in Bavaria, given a classical education in Pennsylvania, and later studied medicine under practitioners, one of them being the noted Dr. J. M. Parks, of Cincinnati. His degree obtained, he established himself in practice in Detroit, where he was long the sole representative in his school of medicine. He had an immense practice and was constantly on the go. He once related that for a period of fifteen years his office prescriptions averaged seven thousand annually and his daily professional visits varied from thirty to forty per day. He was a devotee of music and excelled in performance on the zither."[15]

Of Dr. M. Joseph Spranger, aged 82, it is also related that he played the zither, enjoyed fishing and bridge.[9] He was in 1863 "a messenger boy for the Federal spies who were keeping the Confederate quarters in Windsor under observation," carrying messages between Windsor and Detroit to the Federal offices at Griswold and Jefferson.

"Tobacco has no terrors for this alert little man," declares the article quoted, and still he *couldn't* have lived in Detroit during his sixty years of practice without reading the ghastly fulminations of the W. C. T. U.

His death occurred October 24, 1929.[36]

This fragment is from "The Doctor's Dream" which came into possession of the reviewer, thanks to Dr. Walter J. Cree of Detroit. Its authorship is unknown. (It is strongly suspected that Cree himself wrote it.) It feelingly outlines the post-purgatorial itinerary of a physician escorted by an Angel. The latter murmurmed, "Wait," and then—

"I have a place to show you
It's the hottest place in Hell
Where the ones who *never paid you*
In torment always dwell.

"And behold the Doctor saw there
His old patients by the score,
And grabbing up a chair and fan
He wished for nothing more.

"But was bound to sit and watch them
As they'd sizzle, singe and burn
And his eyes would rest on debtors
Whichever way they'd turn.

"Said the Angel 'Come on Doctor
There the pearly gates I see,'
But the Doctor only murmured
'This is Heaven enough for me.'"

"Newcomers in any flourishing city have to run the risk of being overlooked by people who do not know them," and "a young physician, newly established in a city, finds this particularly true."[49]

Dr. George Hill Ferguson successfully overcame such handicaps and enjoyed "a popular practice as a physician and surgeon" in Lansing after graduating from the medical department of the University of Michigan in 1890. Previously he had located in Mason, and to his old patients there he devoted, in 1891, "one day in the week."

"As a vocalist he is well known throughout this part of the state, having a fine voice and singing as first tenor."[49]

He has "recently [1891] invented a gasoline heating stove and has applied for a patent."

Dr. J. B. Griswold of Grand Rapids was both witty and wise. In his presidential address to the State Medical Society in 1898[54] his "text" was taken from that gem of Burns, the "Epistle to a Young Friend." What he had to say might perhaps "turn out a song, perhaps turn out a sermon."

"It has been declared that medicine is a vocation, is a trade, and it follows of necessity that the physician is a tradesman. This, of course, is only the dictum of an English jurist in a country where

'A king can mak' a belted knight,
A Marquis, Duke and a' that.'

and establish the social position of his people. In our land, a man can secure the highest station, social as well as educational and political, by his own efforts; and what is true of an individual is true of a class and of a profession.

"Homer writes of Machaon as the most distinguished surgeon at the siege of Troy; calls him the 'Preserver of the Greeks,' and when suffering from wounds inflicted by Paris, says of him:

'The great Machaon wounded in his tent,
Now wants the succour which so oft he lent.'

and of Podalirius, that he cured the daughter of the Prince Damaethus of a dangerous illness by bleeding her in both arms, for which service the Prince gave him the hand of his daughter with the half of his kingdom as her dower.

"I suspect the social position of Podalirius was established beyond readjudication by the English courts.

"Had the great Galen understood the circulation of the blood, demonstrated by Harvey fifteen hundred years later, and been familiar with the anatomy, physiology and pathology of the nervous system, which the laboratory has revealed, even our famous surgeons of today might almost be said to stand in his shadow.

'Am I tagging my theme to a legend?
That were changing green turtle to mock;
No, thank you: I've found out which wedge-end
Is meant for the head of a block.' "

With remarkable tolerance he speaks of Eddyism as a blessing to the world: "in so far as it encourages frail and susceptible humanity in the belief that correct living and healthy intellection are essential to the physical and moral well-being of mankind, it deserves the sympathy and support of our profession."

He thought it might be in time "divested of its sophistries" in which opinion few physicians regarding these as its obvious corner stone, can possibly concur.

Apparently Peru took a lesson from Napoleon. Dr. Griswold writes that "at every monthly inspection of the Peruvian navy, the first name called is Admiral Miguel Grau."

"With profound solemnity an officer steps forward, lifts his hat, points upward and answers, 'Absent, but accounted for. He is with the heroes.' It would be an inspiration to our younger brothers in the profession if, as the roll of witnesses is called before the bar of this court of experience, and one after another we fail to respond to our names, some member of this society arising in his place should make answer, 'absent, but recorded.' "

At a banquet given in his honor many years ago by the profession of Grand Rapids, he scintillated. One of those present from a distant city is "recorded" as saying it was one of the most interesting functions he ever attended.

The following is reprinted from the *American Lancet,* August, 1891:

MILK*

BY DR. JOSEPH B. GRISWOLD

Mr. President, Ladies and Gentlemen of the Academy:—At the meeting of this Academy, two weeks ago, during the discussion of the paper upon "Dietetics," I warmly advocated the use of milk in preference to the various artificial foods which had been recommended by the author of the paper. In consequence of this, I was rather facetiously asked to present a paper on milk, at my earliest convenience. In response to that request, I offer the following:

MILK.—CANTO I

In the early days of history
Which are so enshrined in mystery,
And the stories told about them are such hard ones to believe;
In the days of ancient Adam
When the only living madam
Was the young girl of that period, whose maiden name was Eve.

It is said this man and woman,
I suppose because 'twas human
Then as now, and ever will be, while the worlds the same remain,
Without service, without clergy
Without silver, or liturgy,
Walked together, talked together, dined (?) together and raised Cain.

If you'll pardon the digression
And permit a plain expression
From a man who's looking backward after some six thousand years,
I will say this act of sinning
Was, to my mind, the beginning
Of the trouble we poor mortals suffer in this "vale of tears."

But I do not mind confessing
I consider it a blessing
Notwithstanding it has brought us so much sorrow, so much pain,
For this singular relation
Made for us an occupation
And the Doctor chases sickness as the sunshine does the rain.

---

*Read before the Grand Rapids Academy of Medicine.

So I look on the transaction
With complacent satisfaction
From the standpoint of a Doctor, or perhaps an accoucheur,
And I criticise them, never,
And I bless them both, forever;
In which radical expression I expect you to concur.

To return to Cain, the baby;
Eve was ill, and Adam, maybe
Badly frightened by the crying and contortions of the boy,
Took him in his arms, caressed him,
Patted, cooed, and fondly pressed him
To his bosom, full of kindness, empty of the "infant's joy."

Vain were all attempts to quiet
This new youth in search of diet,
And his crying and his sobbing, roused the mother from her rest.
Lovingly she reached and took him;
Instantly his cries forsook him.
And he nestled in her bosom, with his mouth upon her breast.

Adam, wondering at the stillness,—
Fearful of some sudden illness—
Mindful of his own transgression, and the curse his sin had brought,
Eagerly the babe inspected,
Listened, pondered, and reflected,
Opened wide his eyes with wonder, at the sight his vision caught.

Joy of joys! two flowing fountains
Issued from two snowy mountains,
"Succor! succor! and nepenthe," Adam shouted. "Let me sing
Hallelujah! and Eureka!
I have found it, no more seek a—
Midst the garden for a diet fit for infant, fit for king."

CANTO II

Of one thing I am certain, and that is, if Cain
Had been kept on this pabulum, simple and plain,
Had taken it fresh and without sterilizing,
With perfect digestion, no acid uprising,
His brain had been clear and his mind strong and stable.
With never a thought in't of killing poor Abel.

But as he grew older, and cut his front teeth,
And his gums became sore from the pressure beneath,
And he fretted a little, and what was far worse
Awakened at midnight and wanted to nurse,
His mother (of course her intentions were good)
Raised the devil in Cain for she altered his food.

I believe from that moment his troubles began.
And he grew up a hard and dissatisfied man;
His appetite changed, and 'tis said he would choke,
At the cocoanut's milk or the cream of a joke.
And the sweet milk of kindness in him became sour,
And he never was happy again from that hour.

Eructations of passion, as well as of gas,
Were as common as "chumps" in a medical class,
And—well, you know how the curse upon Cain
Followed that on poor Eve, and must ever remain.

MORAL

This original lactation,
Was the sign for all creation
That a food was there provided for the infant, well or ill;
Milk, the healthiest of diet,
Milk, the most nutritious; try it,
Use it, prove it, recommend it; drink it—and I'm sure you will.

Apropos the foregoing delightful contribution of Dr. Griswold, although unfortunately he could not live to see it, his effort has borne creamful results from a healthful source, as noted in the "Tonics and Sedatives" column of the *Journal of the American Medical Association,* November 17, 1928:

THAT'S DEVOTION TO DUTY
Headlines in the New York State Dept. of Health "Health News"
HEALTH OFFICER BECOMES
MILK PRODUCER TO
SECURE GOOD
BABY MILK

Dr. John Bascom Griswold, born in Vermontville in 1842, had a distinguished career as surgeon in the United States Army. (*See* other chapters.) He began medical study at the University of Michigan in 1863-1864 and was graduated at Rush in 1867.

He came to Grand Rapids in 1873, was some time city physician, alderman, member of the board of pension examiners, and in 1891 president thereof.

He was an honorary member of the Minnesota State Medical Society—had practiced in that state.[24]

He was president of the Michigan State Medical Society in 1898.

Dr. J. B. Griswold's first enlistment was as member of the band connected with the Second Michigan Cavalry. Of this he was afterward the leader.[16]

"Dr. Charles Whitney Goff, 84 years old, who had practiced medicine in this village [Montrose] for the last sixty years and retired in April [1928], died at his home Tuesday afternoon of a complication of diseases, following an illness of ten weeks. He was born September 4, 1844, at Grand Blanc, and had spent his entire life in this part of the state.

"Dr. Goff was a member of the county medical association and a member of the Baptist church since childhood. When the Baptist society at Montrose no longer maintained a church, he united with the Methodist church. He was a life member of the Masonic order and was a licensed preacher for several years, filling an appointment at Flushing.

"When a young man he taught rural schools in the community of Montrose, and was also a vocal instructor. He had spent many hours playing his violin and singing favorite songs."[14]

Dr. Charles Edwin Henry Monro, born in Montreal in 1843, pursued classical study; was at the age of eighteen admitted to the study of medicine in Quebec by the examining board of the College of Physicians; was graduated in 1865; occupied the chair of botany in a medical school; wrote on the subject, "Influence of Climate upon the Physique and Morals of Men," and upon "What Pathological Anatomy did for the Science of Medicine"—this as corresponding member of the Medical Institute of Montreal. He also wrote in 1864 "The History of Medicine in Canada."

In 1865 he was admitted to practice in the Province of Quebec after passing a "brilliant examination" by the medical board; was appointed the following year surgeon to the Victoria Rifles at the time of the Fenian raids.

He settled in Detroit in 1863 after vising several places in the West, remained there for a year and in Amherstburg, Ontario, the year following. Shortly thereafter he settled in Newport and there resided in 1890, meantime having practiced in Monroe, Papineauville, Quebec, Toledo, Ohio, and Fall River, Massachusetts.

He was promoter of the first French newspaper published in Western Canada, *L'Etoile Canadienne.*[31]

In the "History of Bay County," Page 483, it is related of Dr. Josiah

Little Ambrose of Bay City that "the entrance to the office of Dr. Ambrose is a picture gallery, representing almost every play on the American stage. His main office is filled with a collection of pictures, calendars, portraits of actors and reproductions from some of our great artists. The doctor has saved many cuts from the Chicago papers, and takes delight in ornamenting his rooms with every nice picture that he can procure. Advertisements of all kinds are to be found hung on the walls. This seems to be the doctor's hobby. Another peculiarity is that he always wears a silk hat, which he utilizes to carry memoranda of his daily work, keeping a regular diary."

Dr. E. R. Lewis, "founder of the Lewis Hospital, Bay City," has written several works, so declares the "History of Bay County," page 504, "and there is now in the hands of the publishers a work on Anatomy and Physiology which will cover over 500 pages."

The biographic account containing this item was written in 1905.

Dr. Orris E. Herrick of Grand Rapids (1846-1915) was an honorary member of the Kent County, the State Medical and New York State Medical Societies; was graduated at Albany Medical 1871, and Bellevue 1873; was a member of the State Board of Health in 1875.

He edited the *Cincinnati Obstetrical Gazette* from 1878 to 1882; was in the former year professor of gynecology and obstetrics at Cincinnati Medical College.[36]

The parents of Dr. George Barclay McCallum, born in Scotland in 1855, resided in Pontiac after 1859. He was graduated from the high school of that city and was a student in the literary department of the University of Michigan for two years.

He studied medicine with Dr. F. B. Galbraith of Pontiac and received, in 1880, the degree of M.D., University of Michigan, and the following year from College of Physicians and Surgeons, New York. In 1881 he moved to Monroe, practiced medicine and was partner in a drug store.

A member of the Congregational church, he was a student "in the line of Christian evidences and Scriptural explanations," and wrote often on religious subjects.[31]

Dr. Austin C. Wright, born in Onondaga County, New York, in 1859, came to Michigan in 1878; was graduated in medicine, University of Michigan, 1881; located in Kent City. While in Ann Arbor he occupied the position of city editor of *The Daily News*.[32]

In the proceedings (1881) of the Jackson County Pioneer Society there is mention that "Dr. Robinson read a poem abounding in local allusions and pleasant personal references which was exceedingly well received. We regret that the length of our report prevents our presenting extracts from it."[27]

In this regret the reader hereof will doubtless share.

Dr. A. H. Botsford by his dignified bearing, "disarmed prejudice and was recognized professionally by the great majority of the physicians of the dominant school."

Dr. G. H. Brigham returned to his practice in Vermont, a most ardent advocate of the new system of therapeutics, and he adhered to the belief so uncompromisingly that he was ever impatient of any resort to empirical or palliative treatment in practice." He published "The Harvest Moon and Other Poems" in 1870 and left in manuscript a play, "Benedict Arnold."[24]

Dr. E. R. Ellis was sometime professor of surgery in the Detroit Homeopathic College and published a *Homeopathic Guide and Information for the People.*[24]

Dr. John Ellis, while living in Detroit, was joint publisher with Dr. Thayer and others of the *Michigan Journal of Homeopathy.*[24]

Dr. Charles J. Hempel was collaborator with Professor Michelet of Paris in the preparation of a "History of France." He also published numerous translations of homeopathic works and himself put forth "Hempel's Domestic Physician" and much other original matter in the same field. He translated Schiller and wrote "The True Organization of the New Church" and "A Life of Christ." These and other publications were saved to the literary world, perhaps through his flitting to Paris from Prussia to "avoid military service." The regents were "hostile to his school" and "evaded the law" when, soon after his coming to Grand Rapids in 1861, he was recommended for the chair of homeopathy in the University.

He was, reads the biography in "History of the City of Grand Rapids," (Page 723), "no doubt the most widely celebrated personage that has resided in this city."

Dr. Leartus Connor, following graduation from Williams, was assistant principal of Mexico Academy, New York, meanwhile devoting his leisure time to the study of the flora, fauna and geology of the surrounding country.

He spent the summer of 1868 with a scientific exploring party among the mines on the islands and along the shores of Lake Superior.

He was director in the Home Savings Bank of Detroit, member of the Fellowcraft and Bankers' Clubs, an elder in the Fort Street Presbyterian Church.

"In 1830 Dr. Edward James, post surgeon at Fort Mackinac, published a 'Narrative of the Captivity and Adventures of John Tanner.' "[12]

Dr. Henry R. Carstens of Detroit writes interesting travelogues as well as medical papers of high merit. From one of the former on "The Shrine at Lourdes"[5]—

> "The history of the Shrine is very interesting and I transmit without comment a brief outline as given by the local historians. The story starts with the apparitions seen by Bernadette Soubirous. Bernadette, a rather frail child, was born January 7, 1844, of poor, though respectable, parents. It was in 1858, when Bernadette was 14 years of age, that she saw Our Lady of Lourdes.
>
> "The first appearance took place on February 11, 1858. Bernadette was playing in the valley of the river. The valley of the river is quite low with fairly steep banks and bluffs. In the rock was one good sized cave which the inhabitants called the Massabielle. Bernadette was gathering sticks near this hollow when she heard a noise like a gust of wind, and looking toward the crevice in the rock she saw a 'Lady' dressed in white with a rosary on her right arm, beckoning to her. Bernadette was frightened, fell to her knees, and

tried to make the sign of the Cross, but her arm felt paralyzed and she was unable to do so until the 'Lady' did so, and Bernadette finished her prayers. On later occasions Bernadette saw the 'Lady' frequently; there were a total of eighteen apparitions. At first these occurred almost daily, but later less frequently, the last one taking place on July 16.

"It might be remarked here that Bernadette's education was very limited; she could neither speak, read nor write French, she spoke only the local Lourdes dialect, and all conversation was carried on in this tongue. At the various appearances, there took place more or less extended conversations. On the date of February 25 the Lady said, 'Go drink at the spring and wash yourself there.' Bernadette went to the depths of the cave, scratched with her fingers at the earth and a spring gushed forth.

"It is unfortunate that in such solemn surroundings one must receive warnings of human frailty. A somewhat incongruous note is struck by various signs posted in the immediate neighborhood, among which I noted the following (translated):

" 'Entrance.'
" 'Offices.'
" 'Sacristy.'
" 'One is requested to preserve silence.'
" 'It is forbidden to put your feet on the taps.'
" 'Watch your pocketbook.'
" 'It is forbidden to eat your lunch on these benches.'

"I was told that there is a medical committee which investigates and confirms any cures which may take place. Visiting physicians have the privilege of participating in this work for purpose of confirmation. As said above, there were very few pilgrims at the time I visited Lourdes and I had no opportunity for noting any of the recoveries, of which so many have been ascribed to the sacred water. It is stated that in 1924 a total of 800,000 pilgrims came to Lourdes, of whom over 13,000 were sick, fifteen confirmed cures were recorded. A number of medical reports have been published. A recent one reports twenty cases in one year, including such conditions as peptic ulcer, cancer of pylorus, cancer of face, Pott's disease (three cases), pulmonary actinomycosis and tuberculosis, etc."

And a highly practical and useful article (artistic as well) by the same author was published in the *Detroit Saturday Night* of July 13, 1929. In this he gives comparative cost of automobile tours in Europe undertaken in hired or personally owned vehicles and answers the questions:

"Are the roads good?"

"Do you have any trouble in crossing the borders?"

"Isn't it terribly expensive?"

"How is the service?"

He also publishes the following schedules of expenses and requirements for the journey:

EXPENSES

Own Car	Purchased Car
1. Gas, oil, and lubrication.	1. Gas, oil and lubrication.
2. Repairs, tires, and adjustments.	2. Repairs, tires, and adjustments.
3. Garage.	3. Garage. (a) Storage of own car at home.
4. Insurance.	4. Insurance. (a) Fire and theft insurance on own car.
5. Depreciation.	5. Depreciation. (a) Depreciation on own car.
6. License and road taxes abroad. (a) Home license.	6. License and road taxes. (a) Home license on own car.
7. Interest on investment.	7. Interest on investment. (a) Ditto on own car.
8. Steamer transportation.	8. None.

ADVANTAGES AND DISADVANTAGES OF EACH METHOD

Own Car	Purchased Car
1. Better performance.	1. Less power.
2. Roomy car.	2. Smaller car.
3. Owner used to own car.	3. Must get acquainted with new car.
4. No breaking in.	4. Must be broken in (if new).
5. No additional capital investment.	5. Capital outlay for purchase price.
6. Depreciation no more than if left at home.	6. Depreciation and delay in selling.
7. Possible difficulty in service.	7. Service everywhere.
8. Must drive to New York or other port and return.	8. Time saved in trip to port and return.
9. Steamer company or A. A. A. furnishes foreign license, driving pass, etc.	9. Must be registered in country of purchase and international licenses secured.

SPARES

1. Radiator hose.
2. Fan belt.
3. Tires, tubes, and flaps.
4. Valve insides and caps.
5. Tire pump.
6. Tire gauge.
7. Vulcanizer and patches.
8. Tire chains.
9. Jack.
10. Starting crank.
11. Tow rope.
12. Hydrometer.
13. Bulbs and fuses.
14. Spark coil and condenser.
15. Spark plugs.
16. Gauge for plugs, timer points, etc.
17. Alemite connections.
18. Alemite gun (important).
19. Oil filter cartridge.
20. Motor drain plug and gasket.
21. Complete set of wrenches, including adjustable end wrench and pliers.
22. Instruction book, parts list, and shop manual (if published).
23. List of European agencies.

Dr. B. R. Shurly talked before the Detroit Junior College on "The Reasons for not Being a Doctor," and Dr. J. B. Kennedy on "Medicine as a Profession."[36]

Dr. J. B. Kennedy of Detroit in a Yuletide greeting quotes the first fifteen verses of the thirty-eighth chapter of the Book of Ecclesiasticus.[36]

"Dr. J. B. Kennedy of Detroit occupied the pulpit of St. Philip and St. Stephen Episcopal Church on Sunday evening, May 1, 1921, and delivered an address on 'The Scientific Development of Medicine and Surgery.' "[36]

Dr. Harold Wilson, president of the Wayne County Medical Society, contributed to the *Detroit Saturday Night* (1921) a lengthy article on "Public Health will Suffer if State Curbs Doctors' Freedom."[36]

Dr. Herbert M. Rich contributed an interesting book review of "Tuberculosis of the Lymphatic System," to the *Journal of the Michigan State Medical Society,* October, 1919. In it he writes:

> "The clinical part is found in the chapters on Diagnosis and Treatment, which are rich in practical suggestions. There is a careful discussion of the use of tuberculin both for diagnosis and treatment. On the whole there is very little opportunity to disagree with the author. Unfortunately when he says of the subcutaneous use of tuberculin for diagnosis, 'When used as I have directed, it can never do any harm,' some of us can testify otherwise.
>
> "Heliotherapy is hardly given the attention it deserves, and the author is evidently not personally experienced in it. The Alpine light treatment is not mentioned. D'Espine's sign is approved but not described. The differential diagnosis from Hodgkin's disease receives scant notice. Other minor points more or less unavoidable in a new monograph might be mentioned.
>
> "The attitude of the author, however, is so admirable that we readily forgive small omissions in view of his large service to the subject in general."

The untimely death of the accomplished physician, Dr. Rich, of Detroit, in 1926 was deeply deplored. He was one of the thoroughly dependable sort—a veritable pillar of strength in the numerous medical organizations where he held membership. He bore a distressing malady, for which operative procedures were necessary, with fortitude and high courage.

CIVIC AND POLITICAL

Commenting upon an excellent article published in the *Journal of the Michigan State Medical Society,* May, 1928, the editor writes as follows:

"NOTE—Dr. Richard W. McLain is a member of the House of Representatives and a member of the following standing committees: State Psychopathic Hospital (chairman), Liquor Traffic, Elections Committee, Judiciary and State Affairs. This paper is a plea for more physicians as members of the legislature. If the public could be made to understand this, it would be a great thing in their favor to have adequate representation of physicians in the legislature at Lansing. In this age of preventive medicine when each year sees important medical legislation proposed, it is highly necessary that such legislation should be passed by men competent to do so. There is a technical side to all legislation whether medical or otherwise which could be greatly improved were it to be passed upon by a committee of experts. The State in its broadest sense recognizes scientific medicine, therefore, everything that pertains to the healing art should be submitted to a committee of persons who have been trained by the commonwealth. This committee could be made up of chosen members of the Michigan State Medical Society or of the State University, or of medical members of the legislature if a sufficient number were available to form such committee. Probably Dr. McLain's suggestion would be best, in as much as if there were adequate representation of doctors in the legislature they could constitute a legalized standing committee on health affairs.—Editor."

Dr. McLain (of Quincy) declares in an article on "The Doctor in the Legislature":

"Medical legislation is a matter of very recent years. Some of us could write its complete history from personal knowledge. Our life span covers the period during which any important medical laws were passed. The matter of regulating the practice of the art of healing should be one of the primary and fundamental acts of any people in its social regulation.

"The recent waves of crime and insanity and feeblemindedness demand the services of trained men, not only to discover the cure, but the proper regulation, whether by segregation, isolation, sterilization or execution. One can see that these are the fields demanding men trained in general medicine, having knowledge of circumstances and facts pertaining to their regulation.

"That these are very grave problems for which a solution must be sought, there is no doubt. They demand expert legislation as well as medication. They are conditions of sickness and disease equal to, if not worse than smallpox, diphtheria or tuberculosis, for these get well or die, while the insane and criminal live on forever. The former diseases may scourge society, but the latter scourge and outrage it.

"There should be more medical men in the Michigan legislature.† Wayne County has twenty-eight members none of whom is a medical man. Every question of legal procedure of judicial nature is left to the committee on judiciary, but medical subjects are left to laymen or to druggists. The legal profession have enough representation to demand and command for themselves, and the same is true of every social phase except medicine. The dignity of our profession is dragged through the mud of slimy politics during the trading days at the close of the session. I refer especially to the appropriation for the University of Michigan.

"Such vastly important matters as the University of Michigan and other state institutions are compelled to trade the votes of their supporters for the votes of those who represent selfish interests or matters of far less import. Of course the physician will say he can't afford to attend the legislature; neither can I. I wonder if you thought to vote more pay for members of the legislature so you could afford to go if called. You could not afford to go to war but went; which service the more needful is for you to decide.

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†As appears later on, the physician has not infrequently been elected to office, but there has not been enough of the profession in legislative bodies at any one time to be influential, while of lawyers there has never been any lack. C.B.B.

"So far we have said nothing of the regulation of the profession itself. There are no "issues" in the legal profession. It sees that laws are passed safeguarding its welfare. Medicine is full of cults and more clamoring to get in, while the long suffering public feels their lack and inefficiency. No one should be permitted to practice the healing art who has not had a course in general medicine. Just to reqnire the basic sciences is in my opinion not enough unless it includes the science of drug healing. Needless routine and theory should be eliminated from medical courses to make room for the practical. The course should include everything of merit in relief of suffering whether drugs, surgery, mechanotherapy or sunlight.

"The public recognizes the chiropractor but does not realize his incompetency. Members of the Health Committee said, 'they are here, why not regulate them?'[36] And why not?"

These are wise words and should meet responsive minds.

In an article entitled "The First Postmaster in Kalamazoo was a Doctor," *Our Line*, publication of the Kalamazoo Laundry Company, gives the following interesting account:

"It was on the fourteenth of July, 1832, just four years after Titus Bronson erected his log cabin at what is now the corner of Church and Water Streets, that the first post-office was established in Kalamazoo as directed by Amos Kendall, then Postmaster General.

"Dr. Jonathan G. Abbott, Kalamazoo's first physician, was appointed postmaster. The doctor lived in a small building which he had erected on the northeast corner of Main and Rose Streets, and in his home was the post-office. There were trees and stumps all around his building, but as there were no automobiles or airships, Titus or his wife, Aunt Sally, had no difficulty in walking over once a week and asking the doctor for a letter which they did not expect and did not receive, because the letter postage in those days was twenty-five cents and quarters were as scarce as stumps were plentiful.

"The mails were few and far between, hence when the doctor was not handing out calomel and quinine to his fever and ague patients, he had plenty of time to dive into the basket where the mail was kept and look for the letter that seldom if ever arrived.

"In the spring of 1833 Dr. Abbott erected a frame building on the southeast corner of South and Park Streets, and when he moved he took the postoffice (the basket) along with him. A year and a half later it was moved to the lower end of Main Street and here it remained for another year when Drs. Abbott and Starkweather built a storehouse on the land now occupied by the Burdick Hotel and here the post office remained until the year 1836 when the doctor's career as a postmaster came to an end.

"We assume that about this time 'politics' commenced to warm up and take a hand in appointments, but however that may be, the doctor lost his job.

"In four years more it will be one hundred years since Kalamazoo's first doctor was Kalamazoo's first postmaster and so it is high time that those who now look after our physical disabilities get busy and prepare a celebration commemorating the event. We offer no suggestions, but we know a popular feature would be that in the month of June, 1932, no charge would be made for professional services. This would give us all an opportunity to put off any illness we positively did not have to take on until that time."

The ubiquitous "poor" were blessed with beneficent "overseers" in Kalamazoo County in an early day. Among them (the latter be it understood) were Drs. J. B. Abbott (1835, '37, '38, '40, '47), E. A. Atlee ('37), E. N. Colt ('40), L. F. Starkey ('52).[28]

Dr. Colt "resigned." The brief terms of the others are not explained. Dr. Abbott evidently enjoyed political prestige or possessed in abundance that characteristic professional attribute, altruism.

Dr. Foster Pratt, appointed postmaster of Kalamazoo in 1866 by President Andrew Johnson, "made a systematic rearrangement of the entire office, renumbered all the boxes uniformly, introduced a new case for the general delivery, and improved it in many respects."[28]

Were virtue and zeal rewarded? Not unless one estimates self-appreciation at a higher figure than this writer. "The Senate failed to confirm Dr. Pratt's nomination."

Dr. Bennett F. Root was appointed, in 1837, postmaster of Elba, Washtenaw County.[34]

"Dr. Eli Woodman (1826-1892) was born in Walton, Vermont. In 1833 he came with his family to Novi, Oakland County, this state; was educated in the common schools in which he afterward taught during the winter, working during the summer on a farm; commenced the study of medicine in 1850 with Dr. Haze of Farmington, and in 1853 commenced practice at Grand Ledge, and moved from there to Berlin, Ottawa County, the next year. In 1859 he returned to Farmington. He entered the University of Michigan, from which he graduated in 1868. In 1856 he married Mary A. Brinkerhof of Cayuga, New York. He was a member of the State Medical Society, and of the Wayne, Oakland, and Washtenaw Medical Societies. He was postmaster, appointed by the last Democratic president before the war, and by the first Democratic president after the war. He leaves a wife and many friends who cherish his memory."[54]

Dr. Eli Woodman was six years of age when his parents came from Vermont to Michigan in 1833. They located in Novi and he attended the "old log school-house at Walled Lake." In very early manhood he began to teach. In 1850 he began medical study with Dr. W. H. Haze of Farmington, three years later practiced in Grand Ledge, Eaton County, then in Berlin, Ottawa County. He returned to Farmington in 1859 and in 1868 received a diploma in medicine from the University of Michigan.[51]

"Our subject," being a deserving Democrat, was postmaster under Buchanan and Cleveland.

Dr. Samuel Foster a native of the State of Maine was one of the very earliest settlers of the village of Otsego, Allegan County. Before coming to Michigan he had practiced in Vermont. His child, Albert R., was the first born in the village of Otsego. This was in 1834. At that time the family had been in Allegan County two years, possibly three. Dr. Foster preempted a large portion of land on the south bank of Kalamazoo River. He gave up the practice of medicine. In 1832 he was appointed the first justice of the peace and the first postmaster in the territory now comprising the County of Allegan. "His house was the rallying point for all important meetings of the early pioneers, and he was one of Otsego's most prominent citizens."[19]

"A postoffice was established [in Vermontville] in 1840 with Dr. Dewey H. Robinson as the first postmaster."[44]

Dr. Francis K. Rexford born in Smyrna, New York, in 1814, was graduated at Fairfield Medical College in 1837. He practiced in Ypsilanti until 1850, then entered the mercantile business. He was postmaster from 1845 to 1849 in the administration of Polk; was interested in educational matters, serving as "director of schools."[34]

Dr. Francis Grandy, born in New York State, 1826, on becoming of age taught school and began medical study. He spent three years in the medical department of the University at Ann Arbor and began practice in Fairfield village. There in 1871 he opened a drug and grocery store. The biographic sketch says that he "never held but one political office in his life (town clerk), believing with Henry Clay that it was better to be right than be an office holder."

How the above fine sentiment may be reconciled with the fact that "in 1853 he was appointed postmaster of Fairfield by President Franklin Pierce and held the position for about two and one-half years," the present writer passes on to the reader to explain.

"He has always been a Democrat and commenced hurrahing for Andrew Jackson in 1832." (At six years of age a boy can make a big noise. C. B. B.)

Dr. Grandy was a Mason, a Knight Templar, a member of Detroit Consistory, and of Christ Church, Adrian.[18]

"Dr. George E. Smith was the first male physician who settled at Lower Saginaw and remained in practice for any considerable length of time. He came to Saginaw in 1837."

After the shipwreck, of which there is an account elsewhere in this history, he studied medicine with Dr. George Davis and eventually graduated at Cleveland Medical College.

He continued in practice until 1861 when he turned his attention to other branches of business. He was postmaster from 1853 to 1861, and it was during his administration that the name of the office was changed from Hampton to Bay City.[29]

Dr. Edgar B. Babcock, graduate of Detroit College of Medicine, 1884, located in Kalkaska. He has been a member of the State board of examining surgeons, a delegate to the St. Louis convention, which nominated McKinley, and was postmaster at Kalkaska.[4]

Dr. Charles H. Mead "is an uncompromising Democrat. He was appointed postmaster in 1884 under Cleveland and held that office four years with great credit to himself." Furthermore he has an "exclusive practice" and in addition to having a "large drug business" and a "brick store" has "in his office an electrical cabinet worth $400.00, for the cure of rheumatism." He was born in 1848 and was "one of Olivet's most popular and striving men." He "sojourned in Olivet, engaged in the practice of his profession" after "one course of lectures in the medical department" of the University of Michigan and was graduated at Bennett Medical College, Chicago, in 1873. He was a charter member of the Eaton and Barry County Association of Physicians and Surgeons, and his wife was a "genial companion."[48]

Dr. Frank D. Baker (1852-1928) was a native of England. His father located in Flint in 1856. He was a graduate of the high school in Flint (1872), a student in the literary department University of Michigan for a year, and a graduate of the medical department thereof, in 1880.

He had divers interests, a farm in Clayton, real estate and a drug store in Flint, and in later years devoted himself much to business and politics; was sheriff in Genesee County in 1891; served as alderman and mayor and was postmaster at Flint.

Dr. Harry Conant was appointed county commissioner by General Cass; was sometime judge of probate of Monroe County.

In July, 1826, he was appointed by Governor Woodbridge, surgeon of the Second Regular Territorial Militia.

The old time physician was rarely if ever a middle-of-the-road man in politics and could be depended upon in caucuses, conventions and at the polls. He discussed live questions of the day and hour with partisan directness; and there were many interesting issues in the days of Jackson and Clay and Harrison and Lincoln. Dr. Thomas, one of the pioneer physicians of Kalamazoo County, was a member of the "Under-the-Oaks Convention" at Jackson. He attended the Free-Soil or Free Democratic convention held at Jackson on the twenty-second of February, the mass convention at Kalamazoo on the twenty-first of June and the mass meeting at Jackson on the sixth of July, 1854. He was a member of a committee of sixteen appointed for the purpose of carrying out the will of the Kalamazoo convention, and at Jackson, a platform being adopted that met the approval of the committee, the nominations previously made were withdrawn and the Free Democratic party of the state was dissolved and absorbed into the new organization under the name of the Republican party as adopted by the convention.

Apropos the perennial discussion as to the place of birth of the Republican party, a lengthy letter by Dr. N. M. Thomas written to the *Detroit Post and Tribune* in 1879 and published in the "History of Kalamazoo County," Page 123, is well worth the reading. "Michigan," he writes," was undoubtedly the first state to organize under the name of Republican." This was July 6, 1854.

Dr. Thomas asserts, "Ohio and one or two other states called a convention opposed to the repeal of the Missouri Compromise on the 13th of July [1854] following, as the anniversary of the adoption of the Ordinance of 1787, but the Republican party was not, of course, fully organized as a national party previous to the holding of the national convention at Philadelphia in 1856."[3]

Dr. Thomas was one of the commissioners to locate a state highway from Schoolcraft to St. Joseph.[44]

"Dr. Herman Kiefer, one of the old and leading practitioners of this city [Detroit], accepted the position of United States Consul in Germany a couple of years ago. Having retired from the office, he has just returned home, and the occasion was embraced by the profession to give him a reception in the form of a banquet. The affair was held at Harmonie Hall, and was very *recherché*. We congratulate the doctor on this token of the appreciation in which he is held by his fellow-practitioners."[38]

Dr. John D. Woodworth's career "has been creditable in the extreme both professionally and personally." He was born in the State of New York in 1826, and was brought by his parents to Michigan in 1831. He had an academic education in Jackson; read medicine with Dr. Abram Sager; was graduated at Rush in 1851. He located in Leslie.

He has been supervisor and filled other local offices; was elected to the state legislature in 1861 and 1863.

In 1891 "owing to his advanced age," he was gradually "withdrawing from professional duties."[49]

In 1841 came Dr. Philip Kephart to Berrien Springs. He was the first village president and associated with all the enterprises of a growing community.[15]

A letter of Oliver Whitmore to Governor Cass, October 26, 1926, respecting county organization and nominations in Washtenaw indicates apathy, indifference and mercenary motives on the part of the inhabitants. There was irritating delay and "at the commencement one or two disafected [*sic*] men came forward and stated that there aught [*sic*] to be a new meeting called because people would not come so far."

As usual the doctor had part in the proceedings. "Dr. Millington was the most engaged and stated tha(t) a Meeting aught [*sic*] to be held in every neighborhood for the purpose of voting," but apparently his opinion was overruled.[44]

Dr. Abel Millington was the first sheriff of Washtenaw County.[44]

Dr. D. E. Lord was first physician in Ann Arbor and held the position of county clerk in 1827.[44]

Is anyone under the misapprehension that the "Irish Question" is new in American politics? If so he is due to receive enlightenment from the following:

Early in 1841 "The Irish Repeal Association" of Detroit was organized by Charles H. Stewart to coöperate with the Irish Liberator, Daniel O'Connell, in his peaceful agitation to obtain from the British Parliament the repeal of the Act of Union. Of this association Dr. Zina Pitcher was President.[44]

Dr. Zina Pitcher was mayor of Detroit in 1840, '41 and '43; was county physician in 1845; and from 1848 to 1867 was attending physician to St. Mary's Hospital and the Marine Hospital. He was a Whig and in 1843 was nominated by his party for Governor.[7]

Dr. Douglass Houghton was in politics a Democrat. In 1842 while absent in the northern woods, he was elected mayor of Detroit. He was reluctant to serve but consented.[7] He was elected as "a public school candidate."[44]

Dr. Randall S. Rice was a Whig in the Tippecanoe campaign.[13] He was clerk of the Macomb County court, 1826 to 1828.[44]

Dr. John L. Whiting was an old time Whig and with that party assisted in organizing the Republican party of today. He was prominent in the Tippecanoe campaign, was city clerk of Detroit from 1830 to 1832.[44]

Dr. J. H. Bennett of Coldwater, who died in 1891, had been county surveyor and twice served in the Michigan legislature.

Dr. Robert D. Lamond was representative from Genesee County in the legislature of 1844.

Dr. E. S. Parke was the first postmaster of Bloomfield.[44]

Dr. Ephraim Calkins of Macomb County was a member of the Michigan legislature in 1838.[44]

Dr. Charles Shepard of Grand Rapids was for several years alderman and in 1855, mayor of the city.[44]

Dr. A. A. Thompson of Flint was sometime Consul of the United States at Goderich, Canada.

Dr. Henry L. Joy serve in different capacities, being alderman, mayor, and city health officer of Marshall.[44]

Dr. Levi Aldrich of Edwardsburg several times represented Cass County in the state legislature and was a member of the Constitutional Convention of 1867.[44] He received an academic education; studied medicine at the Albany Medical College and Buffalo Medical University, practiced successfully in Erie County, New York, until 1860, then moved to a farm in Cass County, Michigan. Later he had an extensive and lucrative practice in Edwardsburg.

He was a Quaker, but contributed to other denominations; represented Cass County in the legislature, 1863-1864. He died December 16, 1892.[40]

Dr. Hiram Alden was descended in the seventh generation from John Alden of Mayflower fame. He was born in Ashfield, Massachusetts, in October, 1792; his boyhood was passed in Rome, New York. His education was acquired under many privations and difficulties incident to that period. He studied with Dr. Rathbun of Camden, New York, and completed medical studies in Cincinnati. He came to Michigan in 1834, relinquished practice and entered public service. He was representative from Branch County, (his home was in Coldwater) in the legislatures of 1835, 1836 and 1837 and speaker *pro tem* in the latter year. In 1838 he was appointed by Governor Mason to the office of commissioner of internal improvements and was acting railroad commissioner of the road being constructed to Pontiac.

Dr. Lewis Franklin Starkey was a partner of Dr. Theller of Patriot War of 1838 (q. v.) fame. He conducted the Michigan Eye Infirmary. He came from the State of New York; was licensed to practice medicine by the Medical Society of the Territory of Michigan on May 11, 1836 (Marshall Chapin, president; R. S. Rice, secretary; and Douglass Houghton, R. S. Rice and D. O. Hoyt, censors).

Dr. Starkey moved with his family to Kalamazoo in 1838 or 1839; served as state senator and was deputy United States marshal for the western district of Michigan. He died April 19, 1848, at the age of 47.

Dr. M. C. T. Plessner was a thirty-third degree Mason; was sometime president of the German Pioneer Society of Saginaw County; president of the Saginaw board of education for ten years; presidential elector in 1868; justice of the peace and superintendent of the poor, Saginaw County, from 1852 to 1860, and captain of a militia company in Saginaw in 1859.

Dr. James P. Greves, "who conceived the idea of a colony in Southern

California and was called the 'venerable and respected Father of Riverside,'" was in practice in Marshall from 1833 to 1845.[44]

Dr. C. P. Parkill of Shiawassee County was elected to the legislature in 1856; was twice president of the Michigan Pioneer and Historical Society. Before that organization at the annual meeting in 1888 he read a paper entitled "The Famine and the Fright, an Episode of Pioneer Life," and at that of 1890 a paper on "Pioneer Life in Shiawassee County."[44]

Dr. John L. Whiting accompanied General Cass on a treaty-making expedition in 1827 to Green Bay.[7]

Dr. Edwin Post, Dr. Pratt and Dr. Stone served in the office of postmaster of Kalamazoo.[44]

Dr. Samuel M. Axford was mayor of Flint in 1868.

Dr. James C. Willson was mayor of Flint in 1879 and at the time of his death was chairman of the Hurley Hospital commission. He was a devoted member of the Loyal Legion and of the Grand Army of the Republic. He was connected with various industrial enterprises and for many years president of the board of directors of the Genesee County Savings Bank. He was for several years trustee of the Michigan School for the Deaf, in Flint. In consequence of a change in the state administration it was attempted to remove him from this position through "cleaning out the Augean (Republican) stables." With characteristic tenacity the doctor declined to submit to this pseudo-hygienic measure, carried the matter to the Supreme Court, won out and completed the term for which he was appointed.

Dr. George Whitefield Fish was sometime United States Consul at Ningpo, China, and at Tunis in Africa. He was for two years state senator and for two years collector of internal revenue for the sixth district of Michigan; was alderman of the city of Flint and served one or more terms as trustee of the Michigan School for the Deaf.[44] He traveled extensively. While Consul at Tunis he caused the tomb of John Howard Payne to be repaired.

Dr. Fish figured prominently in perhaps the most stirring political contest in the history of Michigan. Although much of the account herewith printed may be regarded scarcely pertinent to a medical history, to abbreviate it is to deprive the present generation reader of acquaintance with methods of long ago before the advent of the discredited and noxious primaries, when United States senators were elected by the state legislatures and there was direct accountability thereto for irregular conduct and erratic voting. Filibustering and "piffle" did not in those piping days of performance militate against the public weal, and in legislative joint resolutions senators were "instructed" to support this or that measure, and representative government approached near to realization. The Senate was then a conservative and deliberative body. High-class men sought or were sought for admission thereto. The prospects of one were hopelessly wrecked by—

THE BLAIR-FISH LETTER†

One of the most potent factors in the senatorial contest, and one which accounted for much of the bitterness of the fight against Governor Blair, was a private letter written by him in 1869 to Dr. George W. Fish of Flint. No clear understanding of the senatorial question can be had without a knowledge of this letter, the circumstances under which it was written, and the use that was made of it. Amid the charges and counter-charges, assertions and denials, on the subject of this letter, some facts stand out clearly, while others will have to be given for what they are worth. Although some things asserted as facts may not have been such, yet they were believed and acted upon, and therefore had just as much effect in the preliminary campaign and became "confirmation strong as proofs of holy writ."

The senatorial contest of 1869 had been conducted with a great deal of diplomatic skill, as it was understood to have an important bearing on that of 1871. Chandler desired re-election. Blair, as usual, was a candidate. Ferry's name was freely used as a representative of the West. The *Advertiser* and *Tribune* almost viciously opposed Chandler, charging him with intemperance, boorishness, and mental incompetence. The *Post* vigorously defended him. The *Free Press* favored Chandler for three reasons: First, because he was the best representative of his party; second, because his re-election would settle the possibility of Howard's re-election in 1871, and on that issue it was decidedly in favor of Chandler; third, "because he established the *Post* at the instigation of William A. Howard, with the design and intention of destroying the *Advertiser,* thus originating this family quarrel, which we decidedly approve of." A little later the *Free Press* hurled a fire-brand into the camp of the Western Republicans who were demanding representation, by the editorial declaration that, while it admitted all that might be said about Chandler's character and habits and that his efforts at speech-making were as ridiculous as the *Advertiser* insisted, yet "we give the devil his due. Chandler is a Detroit man and takes care of Detroit interests and Detroit people. We are for Detroit; therefore for Chandler." The political temperature grew hotter and hotter, as the campaign went on, the two Republican organs furnishing the fuel and the *Free Press* stirring the fires that heated the furnace "seven times more than it was wont to be heated."

Meanwhile Ferry and Blair, as the latter afterwards explained, were coöperating in an effort to elect a senator in the interior of the state. Ferry was especially urgent in this matter, the "wild waves" of Lake Michigan evidently "saying" to him, that, in view of the increasing opposition to Detroit dictation, the political pendulum would soon swing to the opposite extreme. Blair supposed him to be acting in good faith, and laid his plans accordingly, doubtless relying upon his own great popularity to carry him through, in case Chandler should be defeated.

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†This interesting article was written by Lewis M. Miller, Esq., of Lansing, who was an engrossing and enrolling clerk of the House of Representatives at the time the event narrated took place. I served as messenger boy during the same (1871) session. Mr. Miller was at a later period for several years secretary of the Michigan State Senate. (C. B. B.)

Chandler was astute enough to see that, sooner or later, one of the Detroit senators must be sacrificed to appease the anger of the Western Republicans; but he preferred to have the great sacrificial ceremonies celebrated two years later, with Jacob M. Howard as the central figure. So a bargain is believed to have been made between Chandler and William A. Howard, that the former should be re-elected and that the latter should change his residence to Grand Rapids and be the successor of Jacob M. Howard in 1871. To cover this bargain it was also agreed that William A. Howard should be appointed minister to China and decline to accept. Whatever may or may not have been the understanding, Howard was so appointed in 1869, declined the honor, was appointed land commissioner of the Grand Rapids and Indiana Railroad Company, removed his family to Grand Rapids and became a senatorial candidate in 1871.

In pursuance of his understanding with Ferry, Blair went to Lansing at the opening of the session of 1869. But Ferry did not appear; neither did he send any word, and Blair was at a loss what to do. Upon inquiry Blair was informed that Ferry was sick, but he had reason to believe that he was not too sick to come if summoned by telegram. Later Blair learned that the delegation from the fourth congressional district had been called together and had decided to withdraw Ferry's name from the canvass. Indignant at this abandonment of their mutual agreement, without any consultation with him or any notice, Blair gave up the fight and left Lansing.

As he was leaving the hotel he met Dr. George W. Fish of Flint, an old friend, who had just arrived. In reply to an inquiry as to why he was going away, Blair explained the situation, and Dr. Fish said: "I shall stay here two or three days, and I will write you of anything of interest that occurs." Dr. Fish at this time was collector of internal revenue and was liable to be removed from office, to make room for a friend of Randolph Strickland, congressman from the sixth district. Strickland was supported in his efforts to remove Dr. Fish by Senator Chandler, while Blair was trying to save his old friend.

Dr. Fish and Strickland left Lansing on the same train and naturally fell into conversation about the senatorial caucus and Chandler's almost unanimous renomination. As the story goes—although Strickland, of course, denied it—he explained the situation to Dr. Fish substantially as follows: "It's all right; the thing has turned out just as was intended. You see, Blair was trapped into the fight and is cleaned out, and we have got rid of him—he's dead. Ferry really was not a candidate. He was simply getting ready for 1871. He and Chandler had an understanding that he was to withdraw just at the right time, let Chandler go in with a rush, and old Zach is to help him next time."

Possibly Strickland was not actually authorized to make these statements, but he was known as an active and prominent supporter of Chandler. His reported statements, therefore, attracted attention and obtained a large degree of credence. Such an agreement as this between Chandler and Ferry shortly before the caucus is not inconsistent with his reported bargain with William A. Howard earlier in the campaign. Chandler preferred to see Jacob M. Howard adorned with the sacrificial fillets, and his political prescience had doubtless convinced him by this time that Ferry was a much more available Western candidate than William A. Howard ever could be. By such an understanding with Ferry, he could postpone the sacrifice until 1871 and save himself. And when was one political bargain ever known to stand in the way of a better one?

Dr. Fish, under date of February 22, 1869, wrote to Governor Blair about his conversation with Strickland, "who," said he, "became communicative and slopped over under a little outside pressure, and developed to me clearly that the whole thing was managed in view of the contest two years hence. The Ferry men sold out for a consideration to be paid at the next election of United States senator." To Governor Blair this agreement between Ferry and Chandler furnished the key to the mystery of Ferry's non-appearance at Lansing and his sudden withdrawal from the senatorial contest, without any warning to him. Highly indignant at the manner in which he had good reason to believe he had been sold out by those he trusted, to a confidential friend of twenty years' standing, Governor Blair wrote this private letter never expecting it to be made public:

House of Representatives,
District of Columbia,
February 28, 1869.

Dr. George W. Fish
Dear Sir:

Yours of the 22d of February is at hand. There was nothing in the senatorial contest to give one great confidence in political affairs. It furnished one more evidence of the inconsistency of politicians, and of how little timber it really takes to make a great man of. There seems no doubt of the bargain made at Lansing, as detailed by Strickland, though I refused for a time to believe in it. Mr. [J. M.] Howard got hold of it and made a great rout over it; blew up Porter at a terrific rate, kicked everybody out of bed until he had to be appeased. He [Howard] has been the right bower of all the corrupt rings here; but while in his tantrums over this business he talked against the omnibus bill and knocked things endwise. But they have got him quieted by dint of strong lying, and he has reported their bill and falls again into line. These bargains, however, are of little consequence.

There is not enough of Ferry even to make a man apprehensive.

They are a lot of corrupt scoundrels, and will keep no agreements, except such as put money in their pockets.

You say, what are we coming to? This is a question I have revolved a good deal in my own mind, and cannot find a very satisfactory answer; but I think there is but one remedy, and this is defeat. Whenever the people learn the truth, they will apply the wholesome corrective.

Strickland is here, and Gale is here, and Ripley of Saginaw.

Mr. Chandler is cheek-by-jowl with Strickland, and will carrry out his programme, if he can.

There are no open movements yet, because they do not know who is to be in the cabinet.

Of course these men make no account of services rendered the party or the country, but only to themselves.

I cannot tell you whether you had better come to Washington, but as soon as the cabinet is formed we can tell better.

It is said, and I think truly, that Delano of Ohio will be commissioner of internal revenue, and this will be very well indeed. He is a member of the foreign affairs committee with me, and is an honest man. If we get a Sec-

> retary of the Treasury as good as he, I shall have some hope of successfullly opposing these rascals.
>
> Everything will have to go through the department, I think. Let us wait a little and see. It is a comfort that the rascals will have to disappoint a good many, anyway. Yours truly,
>
> AUSTIN BLAIR.

It will be noticed that a part of this letter has reference to the attempts to remove Dr. Fish from office and to put in a friend of Strickland. In spite of Blair's efforts to save his friend, this was done, and Dr. Fish shortly afterward went to East Saginaw to take charge of the *Enterprise,* in which he was interested. Early in May, 1870, Blair learned that Strickland had the Fish letter, or a copy of it, in his possession, and he at once wrote to Dr. Fish about it. Under date of May 19, the latter gave the following explanation:

> "When I transferred the collector's office to my successor, I had a private desk in which were many letters, yours among the rest. This desk was of the kind that might be opened by any ordinary key, but as I did not dream of anybody stealing anything out of it, I did not hurry about moving my private letters. It seems I didn't know my men."

Just who purloined the letter from the desk is not known, but Strickland is the first one known to have had any connection with the circulation of the letter; and he was openly charged with having had the original at Washington, with showing it to his fellow members and with certifying to the genuineness of copies sent throughout the state. Indeed, when Blair wrote his explanation, he alluded to it as "the letter which is now in the hands of Strickland and of which I have no copy, except one made and certified by him, with which a friend has furnished me." Strickland is also reported to have said, in reply to an inquiry as to how he came by the letter, that it was sent him by Dr. Fish's successor, who found it among some old files in the collector's office; and then he added: "But it doesn't make any difference how we came into possession of it. We have got it now and mean to keep it, and kill Blair off with it in the next senatorial contest." It is certain that Strickland had the letter, for he admitted as much in an authorized statement by the *Clinton Republican,* published at his home; it is certain that he certified to copies for distribution, unless we are to presume that Blair deliberately lied in his published explanation; the successor of Dr. Fish in the collector's office was a henchman of Strickland, indebted to him for the office. It is a very natural presumption that he found the letter in the desk and very promptly transmitted it to his political godfather. And such came to be the settled belief. It was a dirty piece of business, but "everything is fair in love and war," and practical politics is the least honorable kind of warfare.

After having been circulated extensively prior to the convening of the legislature, by those desirous of "killing Blair off," it was published at length in the *Free Press* on the very day of the senatorial caucus, and created no little sensation.

All the irritating and exasperating circumstances surrounding this letter have been given, in justice to the memory of Governor Blair. It is now thirty-three years since that letter was written. Political passions have subsided, and few will fail to sympathize with Governor Blair in his protests against the dastardly manner in which his private correspondence was dragged forth and published by his political enemies. "The letter was not written to the public, or for the public," said he in an explanation of all the circumstances under which it was written; "neither did I, or any friend of mine, have anything to do with its publication, and no responsibility rests upon us for any unpleasant results that may follow from that act. To me personally it is only one of a long series of persecutions from the same sources. I have always borne them in silence, thinking it better to overlook them than to distract the Republican party by public complaints." After a full explanation, he continues: "The public will judge of it. I indulge in no reflections upon it, although the provocation is strong to do so. I make no apology for writing that letter and crave no mercy in reference to it. I do not admit that it was ever an imprudence to write it, for the highest human ingenuity cannot wholly protect us against thieves."

There is no doubt that Blair's characterization of Howard as "the right bower of all the corrupt rings" in Washington was a great injustice to that statesman; and there is no doubt that he afterwards expressed regret at writing that part of the letter. Howard was, therefore, surprised at Blair's reiteration of the charge in his explanation, and he came back with a reply that is just such a legal argument as one would expect from the masterly mind of Howard. He justifies his record in a convincing manner. His reply to Blair's claim of the privacy of correspondence is purely technical, however, and scarcely in accord with a courteous regard for another's private affairs. He says: "Neither common sense nor law supports his puerile plea of personal privilege in regard to private correspondence. Both law and reason hold a man responsible for all he says of another, whether it be private or public . . . A person might . . . by writing numerous letters give the calumny a wide and very harmful circulation, and then object to being held responsible to the parties aggrieved on the ground that the letters were private." What "might have been" is not a very forcible argument; and Blair is not known to have written any other letters of the kind.

THE NOMINATION OF SENATOR

It was understood that the senatorial caucus would be one of the first things in order after the convening of the legislature on January 4, so politicians of high and low degree, and others of no degree in particular, thronged to Lansing immediately after New Year's day. They carried the Lansing House by storm, filled up the Chapman House, Everett House, Edgar House, and then overflowed into boarding houses and private residences.

Ferry's retainers were the first to arrive, on the evening of Monday, January 2, but they were closely followed by Blair's supporters. The "Detroit lobby," under the leadership of Senator Howard himself, arrived the next day. William A. Howard's arrival seems to have attracted but little attention, but he came before Senator Howard, for an amusing story is told, with some variations, of their first meeting in Lansing. As the senator left the bus in front of the Lansing House, he met William A. Howard face to face. Both stopped short, and Jacob laughingly ejaculated: "The devil!" "The devil!" responded William in the same good humor. "Why, William, you look pale," added Jacob. "Pale!" exclaimed William with a significant glance at the crowd of Blair and Ferry men around them; "well, you'll look pale after you've been here two hours." And before Jacob had elbowed his way through to the hotel register, he realized the significance of William's paleness.

The four candidates disappeared from view very soon after their arrival and left the conduct of the fight to their retainers, and it rapidly increased in bitterness and intensity. The rush and jam were awful. The citizens of Lansing even caught the spirit of the thing and seemed to regard it as a local affair. They took sides and mingled with the "boomers" from abroad. No member was allowed to eat a meal in peace, either in hotel, boarding house or residence; and as to sleeping—the lobby had "murdered sleep."

The Ferry men were, perhaps, the most numerous; they were noisy, but not offensively so; they were mostly young men, but, whether young or old, intensely enthusiastic; and they were confident of the justness of the claim of the West for fairer recognition. Blair's forces were nearly as numerous as Ferry's and were made up of some of the most influential men from all parts of the state; they outranked Ferry's forces in age, experience, party service, and seriousness; they could not understand why Blair's magnificent anti-slavery and war record should be forgotten; and, like veterans, they kept their strength well consolidated. Senator Howard's adherents were of the same veteran type as Blair's, but they consisted of the political "ins," while Blairs friends were the "outs," as regards federal patronage. So nearly balanced, apparently, was the strength of Blair and Ferry, that Senator Howard at first thought that neither one could be nominated; so he continued to hope. William A. Howard developed little strength either among members or outsiders. Like Lazarus, he was looking for any crumbs that might fall from the table.

The caucus was called for Wednesday, January 4, in representative hall of the old capitol. The idea of a secret caucus prevailed until noon of that day, when it was seen to be unsatisfactory and the doors were ordered opened to all. The time set was seven-thirty, but as early as six o'clock the crowd began to pour in, and by seven the jam was extreme. Senators, representatives, lobbyists, and citizens were standing or sitting on stools, steps, railings and the floor—anywhere to see or hear. The large double doors were open, and spectators out in the hall stood on every available object to raise them above the heads of those in front. Of the more prominent Republicans in the state, it would have been difficult to name ten who were absent. Several prominent Democrats were present, notably George V. N. Lothrop and D. Darwin Hughes. All four of the candidates were in the hall, unknown to many but alive to all that passed. William A. Howard stood back by the lobby seats, one leg thrown over the railing, with little of hope reflected in his face after the first ballot. Senator Howard had a seat not far away. His intellectual face bore a serious look, for he had begun to realize the hopelessness of his case, and he had determined to insure Blair's defeat by turning his strength, so far as he could control it, to Ferry. Blair mingled with the crowd, and continued to wear a smile of complacent assurance, until the result of the last ballot was announced, when that smile went out forever. His letter to Dr. Fish had appeared in the *Free Press* that very day, and created a great sensation. His friends had been working hard all day to palliate its damaging effect.

Every one of the ninety-seven Republican members was present, although several belated ones had to be hauled in through the windows. Jammed together almost to suffocation, the crowd was nevertheless quiet and good natured, in their anxiety not to lose a syllable or motion that was said or made. The very intensity of feeling insured silence.

Speaker Woodman was made chairman, and Senator Randall, secretary. The politicians, perhaps afraid of the eloquent harangues that might be based on Blair's magnificent record, were determined that no nominating speeches should be made. The following incident is illustrative: Senator Randall was surprised at his election as secretary, and could not account for the unexpected honor. He was afterward told that the rumor had been started that he intended to make a speech for Blair, and so he was "shelved" for the time being. But it was no time for speeches. Every one was anxious for the first measurement of strength, so as to ascertain what work should be done. Representative Huston, of Tuscola, after struggling out of the sardine-like mass of humanity, voiced the unanimous sentiment in a motion for an informal ballot. Representative Brockway, of Calhoun, next arose, with as much dignity as was possible when emerging from such a jam, and in measured tones that resounded through the hall, moved that, as the roll of the house was called by counties and that of the senate by districts, the senators and *Republicans* come forward and deposit their ballots. This little slip of the tongue, like the touch of Ithuriel's spear, let loose the imprisoned spirit of mirth, and roars of laughter followed, relieving the tensity and insuring good humor.

During the counting of the first ballot, bets and predictions were made, both Ferry and Blair men claiming 40 votes. The result, however, was: Blair 30, Ferry 30, J. M. Howard 20, W. A. Howard 17. The supporters of both Blair and Ferry were surprised, but neither could glory over the other. The second ballot stood: Blair 32, Ferry 31, J. M. Howard 18, W. A. Howard 16. Although the change was insignificant, Blair's friends applauded his lead. The third ballot stood: Ferry 37, Blair 35, J. M. Howard 16, W. A. Howard 9. Ferry's friends went wild. Shouts and yells filled the air and desks were violently pounded. Bedlam reigned. Blair's friends were alarmed and commenced vigorous work among the members. Amid much confusion the fourth ballot was taken, and showed: Blair 40, Ferry 37, J. M. Howard 15, W. A.

Howard 5. It was now the turn of Blair's friends to make a demonstration. From their temporary depression they were swept to the other extreme and pandemonium itself was outdone. Another set of hats flew into the air, higher than the first; men jumped upon benches, chairs, and desks, and yelled until hoarseness choked them off. And yet a few of Blair's more sagacious friends were far from satisfied with the condition of affairs. They realized that the situation was serious, inasmuch as they knew that the greater part of the strength of the two Howards would go to Ferry in preference to Blair. It was now evident that there would be a deadlock, but that either Blair or Ferry would be nominated. Increased activity on the part of the Detroit "Howard-if-possible-but-anti-Blair-anyway" clique became apparent, as the next ballot was taken.

On the fifth ballot Blair had 43, Ferry 41, J. M. Howard 9 and W. A. Howard 4. Although Blair was in the lead, Ferry had made the greater gain. The increase in Blair's vote, however, thoroughly alarmed his opponents and forced them to decisive action. They made a frantic rush to Senator Sheley, of Detroit, who was supposed to have authority to withdraw Senator Howard's name, and he became the center of an excited, gesticulating crowd. The St. Clair and Sanilac members, who had stood by William A. Howard, were urged to abandon a hopeless struggle. As a result of this work, five of Senator Howard's votes and all of William A. Howard's votes, nine in all, went to Ferry on the sixth ballot, giving him 50, one more than enough to nominate. Blair still held his 43, while Senator Howard dropped to 4, and William A. Howard out of sight.

The work was done. The Ferry men, who had rested during the Blair demonstration and got their "second wind," now yelled themselves almost black in the face, jumped, hammered, and kicked like lunatics. The old capitol fairly trembled with their demonstrations. It was a scene indescribable, to be witnessed but once in a lifetime and never forgotten.

The successful candidate was introduced and addressed the assemblage in an elegant expression of gratitude. "There are moments in the lives of men, as well as of nations," he began, "when the command of every disposable power fails to meet the demands of the occasion. I confess to you tonight my inability to express my deep sense of gratitude for the distinguished trust which you have confided to me. Profoundly impressed with the gravity of the trust imposed, I do not shrink from its responsibilities." The character of the opponents he had met in the contest made the honor of the victory still greater, and he paid them this fine tribute:

"I am more than proud to have contended with gentlemen for this place, who stand peerless in our state. The commanding genius of the present senator, whose reputation is as wide as the nation—to compete with him is honor enough for any man. To stand associated with the best speaker of our state, whose words have added strength and political power to our commonwealth, is also worthy of any man's ambition. To contend with a governor, whose war record stands peerless in the sisterhood, is also worthy of the same."

Senator Howard returned to Washington and completed his term of office; but scarcely had he done so when his earthly career was also ended. And Governor Baldwin announced to the two houses of the legislature: "The people of Michigan and of the United States have lost a citizen, who, for intellectual power, had few superiors. It is meet and right that we take heed that no position or strength, however exalted, is beyond the reach of the great destroyer." And in that hall, where he had met defeat, as well as in the Senate chamber, eloquent eulogies were pronounced upon the deceased statesman. Before another campaign Austin Blair, doubtless thinking that the nomination of Horace Greeley would effect that "one remedy—defeat," alluded to in his letter, had foresworn his allegiance to the great party under whose auspices he had won renown. William A. Howard dropped out of sight politically. Ferry was duly elected and served three terms as senator. Then he, too, experienced the gall and bitterness of political defeat and retired to private life.

All are dead. The State has raised a monument to the memory of Austin Blair, the War governor; but to remind us of the others naught remains but a few pages of history, and those pages are growing dimmer day by day.[44]

ANTI-SLAVERY ACTIVITIES

The opportunity was not lost to the clerical profession to join in the hue and cry against anti-slavery advocates. "They discussed the question of slavery during the day and father said, 'We will hold a meeting at the schoolhouse tonight.' The people who were near were notified. Perhaps fifteen men were present, and among them was a man who was called an infidel. All I know about that is that he did not go to 'the meeting' and at times hunted on Sundays. Foster made his argument. My father led in prayer that night and asked the Lord to direct him in the matter. The next morning at the store he announced himself an anti-slavery man.

"Now came trouble; the minister heard of it and he came down and took father to task. He was consorting with infidels; denouncing an institution which was permitted by the constitution and the Bible. It was of no avail; father continued in the cause which he believed was right. Then he heard himself denounced as a traitor to his country, an anarchist and so on to the end of the chapter. For eighteen years he had been the leading layman in the church, treasurer of the academy, and the foremost man in all good things."[44] (Recollections of "A Michigan Octogenarian," Henry Chamberlain of Three Oaks.)

"In 1835 Dr. Duncan came [to Mendon] from the South, bringing a number of slaves, thinking to locate a plantation. The settlers became busy telling the negroes that slavery could not exist under the laws of Michigan. The negroes soon ran away and the good doctor turned his attention to theology, hoping by preaching to convert the people from the evil habit of gossip."[44]

"One of the last slaves in Detroit was an aged Pawnee servant belonging to Judge Woodward who enjoyed full liberty before his death. In 1836 less than twenty slaves were left in the State of Michigan and strong anti-slavery sentiment had taken root among the people."[37]

During the Civil War, however, there was much bitterness of feeling and Detroit was, among other cities, the scene of much disorder in which the blacks were cruelly treated by mobs instigated by slavery sympathizers and by those opposed to the war.

The father of Dr. D. M. Nottingham narrowly escaped hanging and the destruction of his property by "Copperheads" in Indiana because engaged as enrolling officer in the Civil War.

The doctor was born in 1855 and studied for three years in the Indiana State Normal School. In vacations he was "learning the harness trade" and engaged in teaching.

He found the harness business in which he later entered, "could not quell his earnest desire . . . to study anatomy and chemistry" and fit himself for medicine. He was graduated from Hahnemann, Chicago, in 1881, located at Bronson and, in 1884, in Lansing, and now (1891) "owns a fine residence at the corner of Washington Avenue and Lenawee Street."

He was president of the school board in Bronson, supervisor and alderman in Lansing.

He is "ex-president of the State Medical Society."[49] (Homeopathic? C. B. B.)

Dr. N. M. Thomas, during his long residence in Schoolcraft, was "a kind and sympathetic physician, a constant friend, an ardent politician when a philanthropic end was to be attained, and a successful business man."[44]

His station on the "underground railroad" is elsewhere mentioned. In Battle Creek were "Charley Cowles, a young man who was studying medicine with Drs. Cox and Campbell, also that good worker, Dr. E. A. Atlee."

Mr. Erastus Hussey, reported by Charles E. Barnes in the "Michigan Pioneer and Historical Collections," and in "Historic Michigan" by Dr. Fuller, relates: "Once word came that thirty armed men were on their way to capture the slaves in Battle Creek. Dr. Thayer and myself had 500 bills printed stating that we were prepared to meet them." In Marshall Dr. O. C. Comstock was one of the crowd organized in defiance of a posse under a deputy United States marshal.[17, 44]

Of the Quaker faith were not a few participants in these proceedings, indubitably provocative of bloodshed and, presumably, in the end, of war. How such activities were reconcilable with their well known pacifistic and non-combatant profession is difficult of understanding. Dr. Thomas was of the Quaker congregation; likewise "that good worker Dr. Atlee" above mentioned, but the latter displayed a deal of worldly wisdom in domestic relations worthy of a stoic philosopher. (*See* Page 276, this volume.)

The activities of Dr. Arthur Livermore Porter of Detroit in this connection are elsewhere noted. On his death anti-slavery papers lamented this as an untimely loss.[7]

Dr. Ebenezer Hurd was usually connected with any movement for social or political advancement in the state. He was an abolitionist though not as actively associated with the "underground railroad" in its operations to aid the slaves in reaching Canada as his partner, Dr. Cowles. On one occasion his daughter met a colored man on the bridge at Dequindre Street on Jefferson Avenue. The man asked what country that was over the river. She told him it was Canada. He then begged her to help him to freedom. She went to the office of her uncle, Judge B. F. H. Witherell, in her desire to spare her father (this was after an accident which had befallen him), but the judge pretended extreme indignation that she should expect his aid, an officer of the law. She then went to her father, who procured a boat and watched the slave pulling vigorously to the opposite shore and freedom.[7]

Friend Palmer in "Early Days in Detroit," Page 274, gives the following story of the abduction of a slave girl: "Miss Ball, her father, and Miss Elizabeth Clemens of Mt. Clemens, the latter a daughter of Judge Clemens, were inmates of my uncle's homestead for a year or more, the young ladies attending school here. Two or three years after Miss Ball's marriage she visited her former brief home here with her two children, and they were guests in my uncle's family. She had with her a young colored girl, one of her husband's slaves, as a nurse.

"This fact became known to Dr. E. W. Cowles, a partner of Dr. E. Hurd, through a colored barber on the steamer that brought them here. The doctor, a pronounced abolitionist, interested himself in the affair, and the girl was abducted; her mistress never saw her again and, I remember so well, much to her disgust.

"I don't think Dr. Hurd had any knowledge of the affair though I know his sympathies were all with the colored people."

The above incident must have occurred in 1820 or 1821 according to the context. Was this Dr. Cowles related to the medical student in Dr. Cox's office?

Occasionally the slave-abduction and slave-flight matters pinched the Canadian foot.

One Matthew Elliott, a fugitive from Pittsburg, in the early part of the Revolutionary War, took an active part on behalf of the British in Indian depredations. He lived in Detroit until the coming of Wayne's Army, whereupon he found the neighborhood uncongenial and decamped for Canada. He owned Pompey and Jane among others. They failed to appreciate their Canadian environment and sought that of Detroit, where their concealment was abetted by a tavern keeper, a justice of the peace, who swore he "would Kill any person who Should come to his house to take them or Should attempt to arrest them and to carry them across the river." Of this threat and mention here and there of "tar and feathers," Mitchell complained bitterly to the authorities.[44]

"When Dr. Kedzie came [to Vermontville in 1852] an aggressive abolitionist was introduced into society and the church . . . Dr. Kedzie was sharp and incisive . . . When it became known that Kedzie had voted for John P. Hale for President, there was a good deal of feeling manifested. Here was a firebrand and one on which the fire did not go out. A leading Whig said to him one day, 'Doc, *do* you believe a nigger is as good as a white man?' 'That depends on how the white man behaves himself,' was the prompt reply."

"Fears and sleep and earthly cares had little hold on us till wife and I in tears and choking sobs read that wonderful book," wrote Dr. Kedzie of "Uncle Tom's Cabin."

Dr. Kedzie visited every schoolhouse in Vermontville and many others "to take part in evening meetings for the discussion of the slavery question."[44]

Dr. H. C. Fairbank "was a pronounced abolitionist and was an active member of the 'underground railway' society of his county (Genesee). Many a slave has left the doctor's home with food and money to help him on towards Canada."[44] He writes a pathetic account in 1856 of Jerry, a blacksmith and Methodist Episcopal Church exhorter, who was suspected unjustly of being a runaway slave. "Jerry remarked that if Smith would accompany him to Mrs. Pridgen's he would be convinced to the contrary, but was ordered to remain where he was." The privilege was likewise denied him of securing his clothes from the wagon in which he had been riding. He started for the wagon, was pursued and stabbed. A coroner's jury was secured with difficulty "in finding the right sort of men." The slayer was arrested. His recognizance in the sum of $500 was accepted, and he was told by the justice of the peace to "add one extra acre to his field of cotton this year to help him out of the scrape."

The reader will agree with Dr. Fairbank that "no comments are necessary."[44]

His biographer writes of Dr. Micah Adams, who came to Nankin in 1826 from Ohio, that he was a leading member of the Methodist Church, but seceded therefrom and joined the Wesleyan Communion in 1841 "in the great anti-slavery movement." He was called to Detroit and so frequently to Plymouth on professional business that he moved to the latter place in 1863. He was crippled in the later years of his life by an injury to the hip.

His reputation as a physician was "creditable," as a surgeon his skill was "not remarkable," but he was "intelligent" and "honest" and of "moral integrity."[44]

The compiler in his boyhood knew Doctor Adams' biographer but cannot recall his church affiliation and would by no means intimate that this motivated the rather restrained commendation.

It is written of Dr. Henry R. Foote of Commerce, Oakland County, who came to Michigan in 1834 that "politically, he was first a Whig and then a Republican, and always an ardent anti-slavery man."[51]

In November, 1861, Dr. N. M. Thomas sent to Congress a petition signed by one hundred and sixty-seven citizens of Schoofcraft and vicinity. The following is a copy thereof and well worth transcribing as a tribute to a pioneer physician for its purity of diction, exquisite style, brevity and appeal to sentiment.

> To the Senate and House of Representatives of the United States:
>
> In accordance with justice, the spirit of the age, and to meet the approval of the good and the true throughout the world, and with a view of restoring four million native Americans to their rights, and bringing the war in which we are involved to a speedy termination, the undersigned, citizens of Kalamazoo County and State of Michigan, respectfully pray your honorable body to so exercise the right with which you are invested, under the war power of the Government, as to declare slavery by act of Congress totally abolished.[28]

Dr. Thomas was the "Schoolcraft station agent" of the "underground railroad." The first "train" which arrived brought a single fugitive. He entered the state in October, 1838.[28]

Dr. John B. Barnes, a native of Lowell, Massachusetts, was living in Owosso in 1880. He came to Michigan in 1842; "was foremost in this section in the anti-slavery struggle, a director of the 'underground railroad' and intimately acquainted with Garrison, Phillips, and others of the anti-slavery leaders of that day."[33]

Dr. Daniel K. Underwood was born in Massachusetts in 1803; was sometime student at Amherst and William; was graduated in medicine at Dartmouth in 1826. Forty years after leaving college he could fluently read in Latin and Greek. In 1836 he came to Adrian and entered the drug business which he carried on until 1849, then relinquished owing to ill health. Later he was [engaged] in banking and in horticulture and fruit raising; was employed by the United States Pomological Society to prepare a work on the latter subject for the United States Government. He was of the strictest probity but had few intimates and lived largely within himself. He was liberal both in public and private, made a gift to Adrian College of ten acres of land and to Plymouth Church about seven thousand dollars," when he could ill-afford to spare the money and was compelled to deny himself many things in order to give it. No worthy object of charity ever appeals to him in vain." From his parents he inherited intense perseverance, and no obstacle seemed too great to be overcome.

"He was one of the earliest abolitionists. His hatred of the institution of slavery was, even in those days when it was unfashionable to be an abolitionist, of the intensest description. This he came by naturally, having imbibed these ideas in his early youth. It is related of his father that as early as 1820, and from that time on until his death, in 1848, he refused to vote at any general election, because neither of the political parties at that time favored abolition."[18]

Dr. Donald Robertson, born in 1822 in Scotland and a graduate in medicine in 1840 at Edinburgh, "went on a voyage to China and Hindostan and while on the voyage discovered the cause of the aurora borealis."[30]

This astronomical achievement laid by in store, he sought the sublunary, settled in Ray, Macomb County, in 1849, practiced medicine for two years, then became interested in a saw-mill and in agriculture. The "slavery question" caused him to change political views and vote with the Republican party.

EDUCATORS, LEGISLATORS, STATE AND COUNTY OFFICIALS

Dr. Lintsford B. Coats, the first practicing physician and the first school teacher to reside in the county, erected in 1833 the first framed house in Otsego. "He was thoroughly educated, was a successful physician, and most efficiently served both his township and county in many responsible civic positions."[19]

"Hon. Asa K. Warren, A.M., M.D., is widely known throughout the State of Michigan and universally esteemed." He was born in 1830, attended Eden Academy, New York, taught and worked on a farm; entered Oberlin College in 1850; was graduated therefrom in 1853; taught in Hartford Seminary, Ohio (principal for six months); graduated from the medical department of the University of Michigan in 1856. After two years' practice in Eden, he came in 1859 to Olivet, and entered into partnership with Dr. M. E. Munger.

He has served in the Michigan House of Representatives and Senate; held important committee positions in these bodies; was elected county treasurer in 1890, "receiving the largest majority of any officer in the county at that election."

He was interested in the Patrons of Industry and Farmers' Alliance of Eaton County; was trustee of Olivet College for about twenty years; was sometime member of the common council, president of the village, school director, school inspector and supervisor; was a member of the Congregational Society.[48]

"The father of Dr. I. B. Malcolm of Lowell, Kent County, James H., a lawyer in Canada, acquired some distinction in the military service of the War of 1837, during the progress of which he took part in several campaigns and participated in a number of the most hotly contested battles." (*See* biography of Edward Alexander Theller in "Pioneer Physicians," Volume I.)

Dr. Malcolm was a graduate in Philadelphia Eclectic Medical College in 1867 and in 1869 located in Lowell. He was a Democratic "politician of influence."[16]

Dr. James Scott was elected in May, 1803, member of the board of trustees of the town of Detroit.[37]

The following physicians served as Mayor of Detroit. The list is published in the "Directory of the City of Detroit and Register of Michigan for the year 1846, by James H. Wellings, Copyright Secured":

Marshall Chapin, 1833; Zina Pitcher, 1840, 1841, 1843; Douglass Houghton, 1842.

Dr. Peter Klein of Detroit, represented Wayne County in the legislatures 1869-1870 and 1875-1876.

Dr. William W. Andrus, born in Vermont, arrived in Michigan in 1822 at the age of one year. He was "physician and surgeon and druggist" in Utica, Macomb County. He died August 28, 1910.

He was delegate to the Constitutional Convention in 1867; senator from the twentieth district, 1881-1882; assessor of internal revenue under Grant in the old fifth congressional district.[40]

Dr. Norman D. Curtis came from Madison County, New York, to Michigan in 1827, and practiced as a physician until his death in December, 1860.

He was several times supervisor of the town of Monroe and became senator from the second district in 1838.[40]

Dr. Thomas Curtis "settled as a regular physician on a farm, the present site of New Hudson, Oakland County, in 1832."

He built the first hotel in Kensington, was the first postmaster of New Hudson in 1834; was delegate from the fifth district to the Constitutional Convention of 1835 and representative from Oakland County in 1841.

Eventually he was admitted to the bar and moved to Albion—then to Holly.[40]

Dr. John H. Bennett, born in New York State, came to Michigan in childhood (1834). His father's family were settled on a farm in Dover, Lenawee County, but moved to Quincy, Branch County, five years later. He was employed in 1845 by Dr. William H. Hanchett of Coldwater.

In 1847 he began the study of medicine and in 1854 was graduated from Berkshire Medical College. Thereafter he practiced medicine in Algansee for ten years. In 1862 he was examining surgeon for Branch County; in 1864 he took up residence and practice in Coldwater. He died July 31, 1891.

He held the office of coroner for twelve years, county surveyor twelve years, county drain commissioner four years, and alderman four years. He represented Branch County in the legislatures of 1881-1882 and 1883-1884.[40]

Dr. John H. Montgomery was elected trustee of the village of Marshall in 1842 and 1845. In 1860 he became alderman of the city and served three years.[40]

Dr. Morgan Enos was born in Tompkins County, New York, April 26, 1804, came to Pipestone, Berrien County, in 1836, "bought a farm and engaged in the practice of medicine." He represented Berrien County in the legislature of 1859. He died September 26, 1868.[40]

Dr. Ebenezer H. Conklin was delegate from Washtenaw County to the First Convention of Assent, 1836. He came to Michigan from Vermont at an early day and practiced medicine in Sharon, Washtenaw County; was the second supervisor of that town. He died June 11, 1851, aged 61 years.[40]

Dr. Henry P. Combes came to Michigan in 1838, and resided at Rome, Lenawee County. He represented that county in the legislatures of 1857-1858 and 1863-1864. He died January 1, 1895, at the age of 75 years.[40]

Dr. Luther W. Clarke, a resident of Eagle River who came to Michigan in 1847 and died at the age of 44 in 1869, represented the twenty-second district in the Senate of 1853-1854.[40]

Dr. Elbridge G. Gale was delegate to the Constitutional Convention from Genesee County in 1850, representative in the legislature of 1853-1854, and senator from the twenty-fourth district, 1861-1862.

Born in Massachusetts, he was a teacher at the age of 16, having been educated at Shoreham Academy, Vermont. He was graduated in medicine at Castleton in 1834 and after practice for a time in Niagara County, New York, came to Atlas, Michigan, in 1844.

He was surgeon of the provost board of the sixth district until the close of the war and later, for two years, collector of internal revenue.[40]

Dr. Daniel G. Gleason, born in Friendship, New York, came to Birmingham, Michigan, in 1845, studied medicine, and in 1848 commenced practice at Chesterfield. In 1887, he was in practice at Richmond and interested in other business pursuits.

He represented Macomb County in the legislature from 1883 to 1886.[40]

Dr. John Fullerton Hicks, born in Kent County, Ontario, May 27, 1838, graduated from the medical department of the University of Michigan in 1865.

At first practicing in Canada, he came to Menominee in 1878; was for several years county physician, secretary of the board of pension examiners, and was representative in the legislature from Menominee County, 1893-1894.

He was a member of the American Medical and American Public Health Associations.[40]

Dr. George Howell, born at Macon, Lenawee County, in 1836; graduated in 1863 from the department of medicine of the University of Michigan. After practice of years in his native town, he removed in 1886 to Tecumseh.

He represented the first district of Lenawee County in the legislatures of 1883-1884, 1885-1886 and 1899-1900, and was senator from the fifth district, 1887-1888.[40]

Dr. James W. Mandigo came to White Pigeon in 1843; studied medicine with Dr. W. N. Elliott.

He was supervisor, president of the village and school trustee; representative from Branch County, 1869-1870.[40]

Dr. Ira H. Bartholomew died October 18, 1889, at the age of 61. He was graduated at the medical department of the University of Michigan in 1853, moved to Lansing in 1854, was three times mayor of Lansing, was president of the Michigan State Medical Society in 1870-1871 and was sometime physician to the Industrial School for Boys. He represented Ingham County in the Michigan legislatures of 1873 and 1874.[44]

He was of ripe learning, very bookish, an excellent physician and a friendly neighbor. He was sometime partner of Dr. H. B. Shank.

Dr. Orlando Moffatt of Battle Creek was sometime member of the board of supervisors of Calhoun County.[44]

Dr. Fayette Parsons, born in Benson, Vermont, August 12, 1812, came to Burr Oak, Michigan, in 1857. He was "an examining surgeon for St. Joseph County," for many years, was representative in 1867-1868 and 1873-1874.[40]

Dr. Edgar Allan Planck was born at LaGrange, Indiana, September 27, 1868; educated at Valparaiso and the University of Illinois; in early life he taught school; was graduated from the College of Physicians and Surgeons, Chicago, in 1894 and located at Union, Cass County.

He was senator from the seventh district, 1915-1916 and 1917-1918.[40]

Dr. George W. Richardson was born in Niagara County, New York, in 1856. He graduated from the Omaha, Nebraska, high school in 1875; studied medicine at Cleveland and at the University of Buffalo, graduating from the latter in the spring of 1878. He located in practice near Milan, then East Milan, then in 1880 in Dundee.

He was representative from the second district of Monroe, 1895-1896.[40]

Dr. Clarence W. Prindle, born in Rutland, Michigan, December 20, 1849, was two years a student at Albion College. He was graduated from Hahnemann Medical College, Chicago, in 1871, and practiced in Grand Rapids.

He was representative from Kent County, 1877-1878 and 1881-1882.[40]

Dr. Franklin B. Galbraith of Pontiac was senator from the fourteenth district, 1889-1890.

He was president of the Oakland County Agricultural Society from 1883 to 1885; was mayor of Pontiac.[44]

Dr. Evan J. Bonine of Niles was prominent in politics—a representative from Cass County, 1853-1854 and from Berrien County, 1865-1866, 1867-1868 and 1873-1874; was senator from the sixteenth district, 1869-1870.

He was twice mayor of Niles and was postmaster, 1870 to 1885.

He had a high reputation as surgeon, acquired in the Army during the Civil War; was division surgeon of the Michigan Central Railroad.[40]

Dr. Edward T. Abrams (1860-1918) of Dollar Bay, represented the second district of Houghton County in 1907-1908 in the state legislature.

At the age of 13 years he was apprenticed to a blacksmith and continued in this occupation for six years, acquiring thus sufficient money to procure an education (at Dartmouth).

After graduation from college he spent two years in the study of law. He was surgeon to a number of industries.[40]

Dr. Victor F. Huntley was born at Belmont, New York, June 6, 1854; was educated in the Grand Rapids and Big Rapids high schools and attended Albion College one year.

His medical education was received in Chicago.

He was township clerk, village assessor and member of the board of education, Manton, Michigan; was member of the State and Tri-State Medical Societies; served two terms as pension examiner and was postmaster at Manton, nine and one-half years.

He represented the Wexford district in the legislature of 1909-1910.[40]

Dr. Louis L. Kelley was born in Rutland, Vermont, December 29, 1848. He came to Michigan in 1861, attended Ann Arbor high school, clerked, and taught. He was graduated in the medical department of the University of Michigan in 1875, and located at Farwell.

He held the offices of village trustee and president and supervisor. He represented the Clare district in the legislatures of 1905-1906 and 1907-1908, and was senator from the twenty-eighth district, 1913-1914 and 1915-1916.[40]

Dr. Myron C. Kenney came to Michigan from Perry, New York, in 1842. He studied medicine and practiced in Lapeer County from 1848.

He was thrice president and twice mayor of Lapeer, school inspector for seven, and member of the board of education sixteen years.

He was representative from Lapeer County in 1865-1866 and delegate to the Constitutional Convention of 1867.[40]

Dr. Tyler Hull, born in 1840, came to Green Oak with his parents in 1845 and to Windsor in 1850. He attended common schools and Olivet College, taught school eleven terms, then studied medicine and was a graduate of the Detroit Medical College.

He held several local offices; was assistant United States marshal and representative in the legislature from Eaton County, 1883-1884.[40]

Dr. James Hueston lived in Connecticut in early years and later in New York and Ohio. He was a student of the medical department of the University of Michigan in 1865 and began practice in Northville.

He was senator from the third district, 1883-1884 and 1885-1886.[40]

Dr. Alvin W. Nichols of Greenville was graduated from Bellevue Hospital Medical College in 1874. Unlike members of the medical fraternity generally, conservative in politics, he was a "populist" and "greenbacker" and in that party discovered "the nucleus of a faith that in the next century will be a power in the land."

He published *The Greenville Sentinel and Farmer's Voice*, 1889 to 1893, and was local correspondent of the *Detroit Evening News*, 1874 to 1884. He advocated good roads and was instrumental in raising $5,400 from the council of Greenville and Montcalm County farmers for the purpose.

He was candidate for governor in 1894, for Congress in 1898; was chairman of the People's Party State Central Committee.

In 1882 he was appointed by Governor Begole, trustee of the (then) Michigan Asylum for the Insane, Kalamazoo; was for four years a member of the board of pension examiners, and occupied the position of supervisor, Montcalm County, for ten years.[39]

Dr. John S. Beers came to Michigan from New Jersey in 1869, studied medicine in the medical department of Northwestern University, Chicago, in 1878, practiced medicine and engaged in farming and fruit culture.

He was elected supervisor of Royalton, Berrien County, in 1873; was prominent in Grange activities; several times represented Lincoln township on the board of supervisors.

He was senator from the ninth district, Berrien and Cass Counties, in 1891-1892.[40]

Dr. Frank P. Bohn was born in Indiana in 1866. In 1890 he graduated from the Medical College of Indiana.

He was trustee of Newberry State Hospital for twenty years, village president of Newberry for twelve years, and president of the Newberry State Bank since 1909.

He served the thirtieth district as senator, having been elected in 1922.[40]

Dr. James B. Bradley was born in 1858 in Shiawassee County, lived in Laingsburg and vicinity until he moved to Eaton Rapids in 1880. He was graduated from Rush Medical College in 1886 and has practiced medicine in Eaton Rapids successfully, the while conducting a large farm and occupied with various business interests.

He was twice mayor of Eaton Rapids and was member of the board of pension examiners for Eaton County for twelve years.

He was auditor general of the state from 1905 to 1909.[40]

Dr. James F. Rumer, born in Logan County, Ohio, December 12, 1852, was educated at Huntsville College, taught school, attended Rush Medical College, was graduated in 1889 from the Kentucky School of Medicine, Louisville.

He was president of Davison Village and of the school board and of the Genesee County Medical Society; was senator from the thirteenth district in 1905-1906.[40]

Dr. Arthur Wilmot Saxton graduated in medicine in 1879 at Cleveland, located at Ypsilanti, then at Jackson, then at Henrietta.

He was representative from the second district of Jackson County, 1895-1896.[40]

Dr. Arthur W. Scidmore, born in Jackson, October 7, 1867, became a farm hand, saved money sufficient to provide for attendance at Grass Lake high school where he was graduated in 1887; was clerk during that time in the postoffice and in a general store.

He was graduated from the medical department of the University of Michigan in 1890 and located at Three Rivers. He practiced his profession successfully, served in the city council, on the school board and as mayor; was representative from St. Joseph County, 1905-1906 and 1907-1908.[40]

Dr. Philip P. Shorts, born in Canada, August 4, 1845, came to Michigan in 1873 and engaged in the practice of medicine.

He resided at Ludington; was alderman for two terms; representative from Mason County, 1885-1886.[40]

Dr. Hugh A. Stewart, born in Lapeer County August 4, 1882, graduated from the Detroit College of Medicine in 1906. He practiced one year at North Branch, one year at Alba; came to Flint in 1909.

He was senator from the thirteenth district, 1917-1918.[40]

Dr. William B. Town, born in Norwich, Ontario, July 23, 1830, came with his parents to Michigan in 1838; practiced medicine at Rollin.

In 1854 he was appointed postmaster at Geneva; was representative from Lenawee County, 1885-1886.[40]

Dr. George H. Townsend, born in Akron, Erie County, New York, August 16, 1865, came to Michigan in 1869, graduated from Olivet College, studied at College of Physicians and Surgeons, Chicago, and was graduated from Louisville Medical College in 1894.

He practiced in Jackson County until 1908; served as county clerk for four and as deputy county clerk for six years.

He was representative from the first district, Jackson County, 1921-1922.[40]

The father of Columbus V. Tyler settled in Grand Blanc and there this eminent physician was reared. He was born in Auburn, New York, in 1825, studied medicine with his uncle, Dr. N. B. Eldridge, of Lapeer, and in 1850 began practice in Flushing, Genesee County. He was postmaster from 1850 to 1860, a War Democrat and United States marshal at Flushing.

He came to Bay City in 1869, has been president of the Bay County Medical Society, vice-president of the State Medical Society, member of the National Sanitary Association for a time, member of the Michigan State Board of Health, and for three years pension examiner. In 1877, 1879 and 1889 he served in the state senate.

Of him it is written in the "History of Bay County" that he "was not only a man of commanding presence and magnificent physic, being six feet tall and weighing 200 pounds but he was also one of the brainiest men in public life in Bay City in his time."

He died June 1, 1889. Tributes were paid to his character by eminent fellow practitioners and appropriate resolutions adopted by the Bay County Medical Society.

"His public life was as sincere and honest as was his private career," writes his biographer.[20]

Dr. Bion Whelan born at Hillsdale, Michigan, July 13, 1858, was a graduate of Hillsdale high school, Michigan Agricultural College and University of Michigan. He practiced medicine in Hillsdale.

He was member of the board of education, chairman of the Republican county committee and various fraternal organizations; was a member also of the state board of registration in medicine; was representative from Hillsdale County, 1913-1914.[40]

Dr. James A. Williams was a native of Cayuga County, New York, and settled in Algansee, Michigan, in 1854. "He was the first resident physician of that township." He was supervisor for ten years, county superintendent of schools two years, representative from Branch County 1860-1870 [*sic*] and 1871-1872.[40]

Dr. John E. Barringer, born in the township of Bristol, Ontario County, New York, was educated in the common schools and at the Canandaigua Academy. He taught school; then attended the medical department of the University of Michigan. He located in Armada, Macomb County, in 1863, and remained in practice until 1878, when on account of ill health he was obliged to relinquish it.

He was president of the village for two terms, served as secretary, then president of the Armada Agricultural Society for twelve years, was director of the Union School, township treasurer two terms and Macomb County treasurer two terms; was interested in the Grange and was Master of Masonic Lodge for many years. He was senator, 1887-1888 and 1889-1890 from the fifteenth district, comprising Macomb and St. Clair Counties.[40]

Dr. Ezra C. Adams, a graduate of the medical department of Willoughby University, Ohio, came to Kalamazoo in 1854, and practiced medicine in Kalamazoo and Allegan Counties. He was sometime president of the village of Plainwell and represented the first district of Kalamazoo County in 1861 and in 1885.[40]

Dr. James W. Ames was born in New Orleans, October 12, 1864; educated at Straight University; came to Michigan in June, 1894, after graduation from the medical department of Howard University, Washington, D. C.

He was elected to the legislature of 1901-1902.[40]

Dr. Benjamin D. Ashton was representative from the Grand Traverse district comprising the counties of Grand Traverse and Kalkaska, 1887-1888. He was born in Claremont County, Ohio, September 15, 1828, and spent his early life on a farm; was a resident of Michigan many years.

He held the offices of supervisor and president of the village of Traverse City.[40]

Dr. John Avery represented Montcalm County in the legislature of 1869-1870; was member of Congress, 1893 to 1895 and 1895 to 1897; was sometime member and president of the State Board of Health; United States pension examiner, member and president of the Stanton Board of Examiners, member of the school board and common council of Greenville and supervisor of the first ward for twelve years.[40]

Dr. Arthur D. Bangham, born in the township of Marengo, Calhoun County, November 8, 1859, entered Albion College in 1876, taught school in Springport for a time, was graduated in 1882 from the medical department of the University of Michigan.

He located in practice and established a drug business in Homer. He held numerous village offices and was state senator in 1901-1902 and 1903-1904 from the ninth district.[40]

Dr. David Littlejohn's mother "was a lineal descendant of Sir Walter Scott." He was born in Glasgow in 1876, educated in the national public schools of Ireland, the Scientific Academy of Garvaugh, Ireland, and in the College of Science, Kensington, England; attended the medical department, University of Glasgow, is a "graduate of philosophy" from Amity College, Iowa, a Fellow of the Society of Science, London, "and also a graduate in medicine."

He practiced medicine and was also engaged in medical teaching in several of the medical colleges of Chicago for some time. He represented Berrien County, first district, in the legislature of 1917-1918.[40]

Dr. Roland B. C. Newcomb, born in Williamston, Vermont, September 25, 1882, taught school in Madison, Ohio, in 1843; graduated at Starling, Columbus, in 1848, and located in medical practice at Palmyra, Michigan. He moved to Blissfield in 1851.

He was trustee and inspector of schools, supervisor, representative from Lenawee, 1865-1866, and senator from the sixth district in 1877-1878.[40]

Dr. David M. Nottingham was born in Marion, Indiana, January 5, 1855. He taught school, attended college, worked at the harness trade.

He was graduated from Hahnemann Medical College, Chicago, in 1881, and practiced three years in Bronson, Michigan. In 1884, he moved to Lansing where he became alderman, city health officer and member of the board of education. He was representative from the first district, Ingham County, 1903-1904 and 1905-1906.[40]

Dr. James M. Hoyt received a medical education at Geneva, New York, graduating in 1839. He settled in Commerce in 1840, moved to Walled Lake in 1842.

He held many local offices and was senator from the sixth district, 1859-1860.[40] He wrote a history of the town of Commerce.[44]

Dr. Edward Hafma was born of Dutch parentage in Vriesland, Ottawa County, April 12, 1859; was educated at Hope College and in the department of medicine and surgery of the University of Michigan, graduating in the latter in 1884.

In 1815-1916 he was senator from the twenty-third district (Muskegon and Ottawa Counties).[40]

Dr. Augustus F. Ferguson began the study of medicine with Dr. Benjamin F. Bailey of Lansing, attended a course of lectures at Michigan University, 1868-1869, was graduated February 14, 1872, from the Michigan Homeopathic College.

He located in Okemos, represented the first district, Ingham County , in the legislature from 1889 to 1892; was interested in mercantile enterprise, in farming and horse breeding.[40]

Dr. Earl Fairbanks, born at Fillmore Center, Allegan County, July 19, 1860, attended district schools until fourteen years of age, worked in the lumber woods and on the railroad until he secured money enough to pay his expenses in the medical department of the University of Michigan, from which he was graduated in 1888. He established himself at Luther.

He was postmaster and president of the village, president of the school board; was delegate to two national conventions of the Republican party. He represented Wexford district in the legislatures of 1903-1904 and 1905-1906, and in 1907-1908 and 1909-1910 was senator from the twenty-sixth district.[40]

Dr. James E. Ferguson represented Van Buren County, in the legislature from 1877 to 1880.

He was a graduate of Jefferson, was for one year township superintendent of schools and two years postmaster in Bangor.[40]

Dr. Edwin Eaton graduated from Bowdoin in medicine in 1873. He located at Clayton, Lenawee County, in 1876 and later removed to Hudson, succeeding to the practice of Dr. A. R. Smart.

He was sometime president of the village of Clayton and of the board of water commissioners, Hudson; served as president of the Northern Tri-State Medical Association; was senator from the fifth district in 1895-1896.[40]

Dr. John Seymour Dohany, a graduate of the Detroit College of Medicine in 1894, represented the second district of Wayne County in the legislature of 1903-1904.[40]

Hon. Peter Doran, senator from the sixteenth district, 1891 to 1894, "studied medicine for a time." "Michigan Biographies" does not reveal why he "finally began *privately*† the study of law." The standing of the profession at that time was good. Justice Taft's lashings began many years later.

The following physicians have served as mayor of Ann Arbor: Ebenezer Wells, 1863-1865; Silas H. Douglas, 1871-1873; C. G. Darling, 1894-1895; Royal S. Copeland, 1901-1903, and R. G. McKenzie, 1913-1915.[2]

Dr. James H. Collier of Plymouth was at 16 years of age a teacher; was a Republican in politics and in close touch with the party at councils and conventions; was sometime secretary and director in the local Building and Loan Association; local treasurer of the National Loan and Investment Company, secretary and director of the Fair Association, and in many ways identified with the progress and advancement of the community in which he lived.

Dr. William A. Oliver (1853-1926) of Camden, Michigan, was twice mayor of the village, health officer several times, for years member of the school board and twelve years county coroner.

Dr. Johnston B. Kennedy (1858-1927) had varied interests apart from surgery, a branch to which he limited his practice. (He was consultant to Grace Hospital.)

He was for two years county physician, for a number of years president of the board of health, was a member of the Wayne County board of pension examining surgeons.

He was prominent in politics, was a member of the library commission, held directorships in the board of commerce and other important organizations.

During the World War he was commissioned captain, but his age prevented service on the active list.

Dr. Frederick J. Clippert was elected first president of the village of Delray; was at one time secretary of the board of pension examiners of Wayne County; and was also health officer of Delray.

"The home of Henry R. Williams, our first mayor, on the opposite corner, was occupied by Dr. Johnson after Mr. Williams' death. Dr. Johnson was one of us through those years. He was an alderman in 1857, serving his city to the best of his ability. We lost him for a time, as he decided (temporarily, at least) to give his time and attention to a line of business other than his profession. After a while he came back to his first love and has attained the highest position in his profession. We honor the doctor for his long service and for his fine character. We want to have him stay a long while yet as our good friend and able physician."[44] ("Events in Grand Rapids, 1850-1860," Harvey J. Hollister.)

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†Italics are the reviewer's.

"Harry S. Kiskadden, M.D., son of Alexander and Elizabeth (Williams) Kiskadden, was born at Upper Sandusky, Ohio, March 25, 1857. He is of Scotch-Irish parentage on his father's side of the house, his father having come to America from Belfast, Ireland, in 1791, first settling in Pennsylvania, coming to Ohio in 1818, making the trip down to Marietta in a flat boat, and subsequently locating in Chillicothe. On his grandmother's side he is related to the Ewings of Ohio. Elizabeth Williams Kiskadden was also a native of the Buckeye State, her parents being among the early settlers of Richland County.

"H. S. Kiskadden spent his early life in Ohio, Indiana, Illinois and Kansas, living in Atkinson City during the time his father was engaged in the wholesale business in Denver, Colorado, and in the freighting business between the Missouri River and the mountains before the days of railroads west of the Missouri. The greater part of his boyhood life was passed on a stock farm in Illinois, where he spent a large part of each year in the saddle.

"He was educated in the public schools of Ohio, Indiana, and Illinois, taking a two years' course at the Northern Indiana Normal School, and then putting in three years at Ashkum, Illinois, with his preceptor, the late Dr. L. H. Mason; and graduated in 1885 from the College of Physicians and Surgeons of Chicago, Illinois. During his college course he was associated with and received special instructions from the late Dr. Charles Warrington Earle and Dr. A. Reeves Jackson.

"After completing his college course Dr. Kiskadden spent two years in Toledo, Ohio, coming to Detroit in 1887. He has built up for himself a large and lucrative practice and is prominent and popular in both social and professional circles. His practice is limited to rectal surgery, to which he has devoted his entire professional time since locating in Detroit. In politics the doctor has always been a Republican, though since coming to Detroit he has taken no very active part in political affairs. He is a member of the Michigan Club, the Wayne Club, of Corinthian Lodge No. 241, F. & A. M., and of Monroe Chapter, R. A. M. In religion he is a Protestant, being a member of the First Congregational Church, and is especially interested in city missionary, Sunday school and Y. M. C. A. work. He has always taken a lively interest in educational matters, especially in the public schools, and is a strong advocate of manual training as a part of the educational work of our city schools."[37]

His death occurred in 1918.

Dr. A. S. Williams (1833-1893) was born on the Isle of Jamaica, was an M.A. of Toronto, a graduate in medicine, in 1869, at the University of Michigan, practiced for a time in Horton, Jackson County, then moved to Petoskey, where his death occurred.

He was United States examining surgeon in the matter of pensions.

Dr. James I. Northrup, sometime postmaster for River Rouge, found in the excitement of politics pleasant recreation from the duties of a professional practice of handsome proportions. He was a member of the Baptist Church.

Dr. Hiram Holden was a member of the Detroit Medical and Library Association. He was sometime trustee, treasurer and president of the village of Trenton.

Dr. Hugh Carey, a graduate in 1884 of the University of Michigan, practiced at Romulus, then moved to Delray. He was the first physician to locate in that village; was elected township clerk in 1890. He served as secretary of the school board for several years. He was elected trustee of Delray when it was organized as a village in 1897.

Dr. Amasa F. Kinne (1813-1894) was at the time of his death the "oldest practicing physician" of Ypsilanti. Born in Vermont, educated at Dartmouth, he taught for three years, then located in medical practice in Cheshire County, New Hampshire.

He located in Ypsilanti in 1850 and in the following year was president of the town council. He was a member of county, state, and national medical societies.

Dr. G. Duffield Stewart, son of Dr. Morse Stewart and Isabella G. (Duffield) Stewart, was born in Detroit, Michigan, March 21, 1855; was educated at the Detroit high school; the Detroit Medical College (1874); received post-graduate instruction at Chicago Medical College (1881-1882).

"On conclusion of his medical education he returned to Detroit, where he has since built up for himself a large and lucrative practice, and attained a most prominent place among the leading men in his profession. Dr. Stewart has served as a member of the board of education, holding that position from 1887 to 1889, as city physician from 1883 until 1885, and as county physician from 1887 until 1888. He is a member of the Wayne County Medical Society, the Michigan State Medical Society, and various other medical associations. He is still a bachelor and prominent socially, and is held in high esteem by all with whom he comes in contact."[87]

Dr. Stewart also served as sheriff of Wayne County (elected in 1898, a Democrat, over one of the strongest Republicans in the county and the only Democrat elected on the county ticket that year).

"Dr. George B. Foster, of Detroit, died at his mother's residence, August 4 [1881]. For more than a year his health has been in a precarious condition from the development of a gastric tumor, but for some months past he has been so much better as to serve as secretary of the temporary board of health of Detroit, and to do some business. At the last his death was very sudden. We learn that on retiring to bed at night he was quite as well as usual, and requested his mother not to call him until time to take the Detroit train in the morning. In the morning, when she went to call him, he was dead. It seems that in the night he attempted to vomit. Exactly what was the immediate cause of his death we are not informed.

"After serving some years as house physician in Harper Hospital, Detroit, Dr. Foster spent a year in study [and travel] in Europe. On his return he entered into partnership with Dr. D. O. Farrand. The partnership was a very successful one, increasing the reputation and financial income of the firm very rapidly. To develop the business of the firm, Dr. Foster worked without cessation. Very widely cultured, thoroughly posted in all the details of a general practice, courteous and attentive to all his patients, he grew rapidly into favor with all who came into personal or professional relations with him. As a result, an enormous practice rapidly fell into his hands. From the standpoint of an outsider it seems to us that the predisposing cause of his early death was this excessively large business. To us this is the lesson of his early death, at the age of thirty-six.

"This excessive business prevented his attendance upon medical societies or the writing for the benefit of the profession. In politics he served for several years in the common council of Detroit, and was otherwise active in serving the Republican party. We understand that he had already amassed a competence, so that had he lived we could have hoped that more time and energy would have been given to the general interests of the profession.

"His funeral was largely attended by a wide circle of friends from every class and profession of the city. Resolutions of respect were passed by the medical profession, by the common council, and others.

"A graduate of the literary department of Michigan University and of Detroit Medical College, he was well fitted for the best class of work in the profession."[10]

"Dr. Walter Clement Lambert, former mayor of Wyandotte, was born in Amherstburg, Ontario, October 22, 1863, a son of Dr. Walter Lambert, who died when his son was fifteen years of age. After acquiring such general education as was afforded in the new Windsor high school," he studied medicine and was graduated in 1886 from the Detroit College of Medicine "in one of the finest classes ever educated in that popular institution."

He located in Wyandotte and his "practice grew rapidly."

He was "clear headed in emergency" and his "skill never failed."

"His decided views on matters in general were soon rewarded by his fellow citizens who chose him for their chief executive, where he has recently finished a third term. Progressive, with an eye ever open for the good of his adopted town, he has advocated modern improvements in sewerage, water system, electric lighting and other things that make Wyandotte a desirable place of residence. An electric plant is owned by the city that affords sixty-five public arc lights and also has about 300 incandescent lights for private use. The success of this enterprise, won only after hard and repeated struggle and litigation, being opposed by less advanced citizens, has demonstrated the practicability of town ownership of those enterprises devoted to public service. Various manufacturing enterprises have been secured to the city, which with help of its more liberal citizens, are taking strong measures to obtain enduring establishments. Educational interests find in the doctor a warm friend, he having served some years on the board of education."[37]

"Dr. Augustus Kaiser died at his home, 365 St. Aubin Avenue, Detroit, on the morning of October 27, 1894. The doctor had been taken ill two weeks before with a chill which developed into a fever, and he was ill some days before it was known that he had appendicitis. He positively refused to allow an operation to be performed for his relief, holding that it was almost necessarily fatal. Three days before his death he became very low, and the last sacraments were administered. Dr. Augustus Kaiser was born at St. Agatha, Ontario, August 24, 1843. He went through the public schools in this town with high honors. He attended college in Montreal; graduated from St. Mary's when twenty-three years of age; studied chemistry for two years, and became a professor in St. Jerome's College in Berlin, Ontario. He matriculated at Victoria College and completed his course and graduated at Ann Arbor in 1871. He married Miss Mary Lange of Berlin, Ontario; moved to Detroit in 1871. He was appointed city physician and member of the board of health. Dr. Kaiser was physician to the Detroit House of Correction. He was a member of the common council and president of that body for one term. He held various positions of trust and honor in the city of Detroit and was in very great favor with his countrymen, the Germans. He was quite a profuse writer, and successful as a physician."[54]

Dr. Walter W. Williams, born in Washtenaw County in 1847, was a descendant of Roger Williams.

He was educated in the public schools of Lima, the Ann Arbor high school and the University of Michigan. "After leaving college he went West, living in the saddle among the cowboys." Later he lived in Washtenaw County and in Eaton Rapids, where in 1872 he was married to Mary Achsah Whitaker, a biographic notice of whom (Mary A. W. Williams) appears in the following chapter on "Women Physicians."

He served in the legislature of 1887 and 1889 and was speaker *pro tem* in the latter year. He moved to Bay City in 1897 and specialized in electro-therapeutics.[20]

"Among the professional men located in Birmingham not one probably had a harder time in securing the education he desired" than Dr. John L. Campbell.[51]

He was born in Oakwood in 1857; "worked his way through school"; was graduated in medicine from the University of Michigan in 1880; located in Ohio, then in Royal Oak and Goodrich, Michigan, finally in Birmingham.

He was a member (1891) of the United States Board of Pension Examiners, had been village trustee and "held other village offices both civil and educational."

Dr. Samuel Wilkins (1836-1895) of Eaton Rapids "after teaching some two years" failed in health and made the journey across the plains to California with an ox-team.

He enlisted in 1862 in the 102nd Regiment Ohio Infantry; was detached from his regiment at the battle of Stony River and assigned to hospital duty as assistant surgeon; "was mustered out in 1865" and "continued the study of medicine at Sterling (Starling?) Medical College," graduating in 1866.

"He was a member of the legislature for the terms of 1879 and 1882 and elected to the state senate in 1893.[54]

Dr. William E. Magill, born in Canada in 1847, graduated from Western Reserve University, Cleveland, in 1870 and from Bellevue in 1877; located in West Bay City in 1870.

"Originally a 'Greenbacker' he was twice elected mayor on this ticket." He was also county treasurer for two terms and in 1903, city treasurer. During Governor Winans' administration he served for two years as insurance commissioner.[20]

Dr. Morton Gallagher of Bay City was president of the Bay County Medical Society in 1905. He has served on the board of education and board of health.[20]

Dr. Martin C. Kelly, born in Washtenaw County in 1851, was a graduate from the University of Michigan in pharmacy in 1871 and medicine in 1875. He located in Mt. Clemens and in 1882 was a member of the city council.[30]

Dr. Bela Cogshall (*See* chapter on "Prevailing Diseases and Epidemics"—Tuberculosis) was in 1892 president of the Flint Academy of Medicine, a member of the State Medical Society, the Saginaw Valley Medical Club and the American Medical Association. He had served as health officer of the city of Flint, county physician and secretary of the United States Board of Examining Surgeons.

Furthermore he was president of the board of trustees of the Garland Street Methodist Episcopal Church and for fifteen years choir leader of—it is "conceded"—"the best choir in the city."[52]

Dr. L. E. Knapp was born in Michigan in 1842. He was a graduate of Eastman's Business College, Poughkeepsie, of the Homeopathic Hospital College, Cleveland, and of the New York Post-Graduate Medical School. He practiced for eight years at Linden and in 1877 located at Fenton. After 1889 he specialized in surgery and diseases of the eye, ear, nose and throat. He has been a member of the common council and president of the school board.[52]

Drs. M. S. Knapp and D. D. Knapp, accomplished physicians of Flint, are his sons.

The father of Dr. Joseph L. Valade was a native of Spain (1769) and was sergeant under General Brock at the battle of the River Raisin. Dr. Joseph L. taught French four years, studied medicine in Dr. Zina Pitcher's office, attended medical lectures in Ann Arbor; settled in Monroe in 1852.

He has filled the offices of school inspector, notary public, justice of the peace, and was a member of the state legislature in 1877.[31]

Dr. Daniel Baert, born in the Netherlands in 1839, came with his father to Zeeland, Ottawa County, in 1848. He "commenced practice in 1862," was "president of Zeeland village since its incorporation in 1875."[32]

Dr. Charles M. Martin came with his father's family to Otisco, Ionia County, in 1855 at the age of sixteen. He attended Michigan Agricultural College in 1861 and studied medicine at Ann Arbor and at Bellevue, where he graduated. He came to Greenville in 1864 and from 1867 to 1871 was in partnership with Dr. John Avery.

He edited for a time the *Longmont Press*; returned to Greenville from Colorado in 1872; was mayor of Greenville in 1881 and prominent in educational matters.[26]

"Christopher C. Miller, M.D., son of John B. and Abigail A. (Finch) Miller, was born at Unadilla, Otsego County, New York, April 19, 1846. He was graduated from the Oxford (New York) Academy at the age of nineteen and at once began reading medicine under the preceptorship of his brother, Dr. Robert E. Miller, at Oxford. After one year in the Albany (New York) Medical College he entered the Homeopathic Medical College of Philadelphia, and was graduated therefrom in 1863 with the degree of M.D. Directly following his graduation Dr. Miller located at what is now Harlem, New York, where he enjoyed a good practice for three years, removing to the village of Greene, Chenango County, in 1871, where he remained until coming to Detroit in February, 1875. In his twenty-two years of active practice in Detroit Dr. Miller has come to be recognized as one of the leading homeopathic physicians and surgeons of the State of Michigan.

"He is a member of the American Institute of Homeopathy, and vice president of that organization; president of the medical and surgical staff of Grace Hospital; has been physician to the Thompson Home for Old Ladies at Detroit for the past fifteen years, and is medical examiner for the Michigan Mutual Life Insurance Company at Detroit. From 1890 to 1893 he was a member of the board of health of Detroit; was president of that large body from July 1, 1892, to July 1, 1893, and during the cholera scare in the latter year he visited Canada to make an investigation of the quarantine regulations and health conditions in the Dominion. Dr. Miller is a member of the Woodward Avenue Congregational Church."[37]

Dr. Thomas A. Cullis, born in Canada in 1849, a graduate in medicine at the University of Michigan in 1878, practiced in Millington and Vassar. He was a member of the board of examining surgeons for pensions in 1890.[52]

Dr. Myron A. Tibbits, born in Ontario in 1850, graduated at Rush

Medical College, 1877; located at Pinconning and then in Linden (1883). In Pinconning he held the office of town clerk and health officer.[52]

Dr. Augustus I. Burdeno, born in Delray, Michigan, in 1857, attended the district schools of Delray and Romulus, and the high school at Belleville. He taught and attended school until 1880, when he entered the University of Michigan at Ann Arbor, from which he was graduated in 1883. In the fall of that year he was appointed assistant physician and surgeon of the Asylum for the Insane and County House of Wayne County, Michigan, serving in this capacity until 1885, when he located at Dearborn, Michigan, and engaged in the practice of his profession. In 1888 he removed to Delray where he has since remained. Dr. Burdeno was appointed health officer of Dearborn in 1886 and again in 1887; he also served in a like capacity at Delray during the years 1891 and 1892.[37]

Dr. Jefferson Gould was born in New York State in 1851; was graduated in medicine at the University of Michigan in 1888, and located at Fenton; was health officer of the city in 1892.[52]

At the time of this writing, although in impaired health, he is a devoted and frequent attendant at the weekly meetings of the Genesee County Medical Society.

Arthur E. Gue, M.D., was born in Neponset, Illinois, April 29, 1861. At an early age he was placed in the juvenile department of the Illinois State Normal School at Normal, Illinois, where he remained until 1871, when he entered Onarga Seminary, Onarga, Illinois. After six years spent at this institution he removed in 1877 to Peoria, and during the two succeeding years was a student of the high school in that city. In 1879 he entered the employ of the banking house of C. E. and C. M. Anthony, but was compelled (through ill health) to resign in 1882. After one year spent in regaining his health, he accepted a situation with the Lancaster Mining Company of Peoria, Illinois, as bookkeeper and paymaster, serving in that capacity until 1885, when he removed to Rock Island and entered the employ of the Chicago, Burlington and Quincy Railway as station agent.

In 1888 he removed to Chicago and entered the Homeopathic College, from which he was graduated in 1891 with the degree of M.D. Immediately after graduation he was selected as one of the house physicians of Cook County Hospital at Chicago and remained in that capacity until December, 1891, when he was offered and accepted the appointment of house surgeon in Grace Hospital at Detroit, Michigan. In 1893 Dr. Gue resigned from the hospital staff and established his present practice, in which he has met with well-merited success. In 1895 he was appointed city physician of Detroit, a position he has filled with marked ability. He is also a member of the hospital staff of Grace Hospital.[37]

Dr. Sherman F. Chase, born in Ohio in 1849, a graduate from the Homeopathic Medical College, Detroit, in 1872, "one of the most eminent members of the medical profession of Tuscola County," has been county coroner, and alderman of Caro.[52]

He was, in 1892, medical director of the Masonic Mutual Insurance Company. He had the somewhat unusual attributes of being "in his profession . . . orthodox and liberal yet independent, holding decided views of his own on all important issues."

"Dr. George W. Lyon, a native of Connecticut, a graduate of Bellevue, New York, and twice a member of the legislature of New York, came to Kalamazoo in 1858. Finely endowed by nature with personal and intellectual gifts, he added thereto by study a fine literary culture, unusual professional acquirements, and a polish of manner which made him a pleasant companion and a successful physician. Health failing, travel did not restore it, and he died in 1876, in the prime of life."[28]

Dr. Frank W. Shumway of Williamston, whose biography appears in the "Pioneer and Biographical Album, Ingham and Livingston Counties," Page 609, was a boyhood chum of "One of Us" of the Medical History Committee. From that sketch and personal recollection the following notes are made:

He was born on "Christmas Day, 1856" in Lowell, Michigan, the son of a pioneer physician of Napoleon in Jackson County, and of Lowell, Kent County. After the death of his father in 1859 his mother moved to Grand Rapids, to Ionia, then to Lansing. He began medical study with a preceptor of the writer, Dr. Charles N. Hayden of Lansing, and was graduated from Western Reserve University in 1881, where his father had received medical education.

He was a good student and physician, a faithful friend. In later years he was politically influential; was sometime member of the Michigan State Pardon Board.

Dr. John W. Cooper, born in Oneida County, New York, in 1842, in practice in Grandville, Kent County, since 1873, and previously located in Branch County, has served as president and secretary of the Grand River Medical Society; was, in 1900, chairman of the Republican party's township committee.[16]

Dr. William F. Hake, born in Grand Rapids in 1861, a graduate of Notre Dame, was the youngest member of the graduating class of 1882 medical department University of Michigan.

He was in practice with Dr. Charles Shepard until 1890; was an original member of the Grand Rapids Academy of Medicine; was surgeon of the 2d Regiment Michigan National Guard for eleven years.[16]

Dr. A. G. Burwell, born in Canada in 1859, was a graduate in the literary course of Hellmuth College in 1878 and of the Detroit College of Medicine in 1889. He began practice in Byron Center, Kent County, and in 1895 and 1896 was elected township treasurer.[16]

Of Dr. Alexander McMillan it is written that "to have descended from [the Scottish Highlanders] is a guarantee of the possession of these traits," viz., "Unswerving integrity, rugged independence, sturdy industry and an honorable regard for the laws of God and man." (A just estimate. C. B. B.)

He was born in Canada in 1845, spent boyhood days in business enterprises there and in Illinois; was burned out in the great fire in Chicago. He studied medicine at Bellevue, was graduated from Long Island Hospital College in 1874, and subsequently attended lectures in Trinity, Toronto.

He began practice in Lansing in 1876 and was successful; was sometime president of the Lansing Medical Society, city physician and chairman of the board of health, county superintendent of the poor, president of the State Association of County Superintendents, chairman (1891) of the Central Board of Control of State Institutions.[49]

Dr. William Francis Penwarden, born in Canada in 1860, a graduate of the St. Thomas Collegiate Institute (1877) and of an International Business College, Rochester, New York (1878), graduated from Bellevue in 1883. He located in Grand Rapids in 1884 and was county physician of Kent County in 1891.[24]

Dr. Ralph Henry Spencer, a native of Berkshire County, Massachusetts, (1854) was a graduate of the medical department, University of New York, 1879. He practiced at Portland, then at Pewamo, after 1889 in Grand Rapids. He was in 1891 visiting obstetrician to the U. B. A. Hospital.

In 1886 he was president of the village of Pewamo.[24]

Dr. Roelof A. Schonton, a native of the Netherlands, 1835, a graduate of Haarlem Medical School, 1865, served as surgeon of a Dutch merchant vessel on two voyages to the East Indies. He settled in Holland, Michigan, in 1869, Grand Rapids in 1882; was city physician four years and health officer three years of Holland.[24]

Dr. Henry G. Saunders, a native of New York State (1819), graduated from the University of the City of New York, medical department, in 1847. After the intervening years' practice elsewhere, he came to Grand Rapids in 1858; was health officer in 1891.[24]

Dr. D. Emmet Welsh, ophthalmic and aural surgeon to St. Mark's and the U. B. A. Hospitals (in 1891), was born in Pennsylvania in 1858, and was graduated at Jefferson in 1878. He came to Grand Rapids in 1885 and limited practice to diseases of the eye, ear, nose and throat.

He was in 1889 member of the Grand Rapids board of health and expert pension examiner.[24]

He was president of the Michigan State Medical Society in 1912.

Dr. Albert J. Patterson, born in 1859, practiced in different towns in Kent County, after graduating from the Detroit Medical College in 1883. He moved to Grand Rapids in 1889; was health officer of Cannonsburg.[24]

Dr. Charles Hiram Maxim (1837-1887), born in Maine, a graduate of Bowdoin (1868), practiced in Dexter, Maine, three years, then located in Grand Rapids. He was coroner of Kent County (1878), member of the board of health (1880-1881) and city physician, 1884. He assisted in establishing the Grand Rapids Humane Society.[24]

Dr. Henry Eugene Locher, a native of Baden, 1850, was graduated at Long Island College Hospital in 1877. He practiced in Ada and after 1880 in Grand Rapids. He engaged in the drug business, was coroner and member of the board of education (1891).

Dr. Hugo Lupinski, a native of Wisconsin, 1858, a graduate in pharmacy in 1880, and in medicine, 1882, University of Michigan, was assistant demonstrator of anatomy in the medical school from 1882 to 1887. He held the office of health officer in Grand Rapids from 1887 to 1899 and was pathologist, microscopist and visiting physician to St. Mark's and U. B. A. Hospitals (1891).

Dr. David McWhorter (1794-1877), a native of New York State and a graduate from Albany Medical in 1816, "was in active practice fifty years" in Grass Lake after 1849 and Grand Rapids, 1866. He relinquished practice soon after removal to the latter place.

He was a member of Congress in 1847 from New York State and served in the Michigan legislature in 1853.[24]

Dr. Schuyler C. Graves, a native of Kalamazoo, 1858, passed most of his boyhood days in Grand Rapids. He had one year in the literary department, University of Michigan, and in 1881 graduated from the medical department after a three years' course.

He was assistant demonstrator of anatomy, University of Michigan, in the session of 1881-1882; began practice in Charlevoix; was surgeon of the Delaware Mine, Keweenaw County, in the winter of 1883-1884 and coroner of Charlevoix County in 1884. He began practice in Grand Rapids in 1885; was county physician of Kent in 1887-1888; president of the Grand Rapids Academy of Medicine in 1890, visiting surgeon to St. Mark's and U. B. A. Hospitals.[24]

Dr. Lewis R. May, born in Pennsylvania in 1859, was graduated at the University of Harvey, Illinois, in 1894 and was appointed assistant county physician of Cook County. In 1895 he was member of the Chicago Board of Health. He entered practice in Grand Rapids in 1898.[16]

Dr. George W. Law, born in Canada in 1856, had "a diploma in chemistry" and after graduating from the Michigan College of Medicine (in 1882) "established himself for practice in Baldwin, Lake County, where for three years he enjoyed an enviable reputation, although the field was somewhat contracted for a young physician of his superior ability." He moved to Muskegon after three years, thence, in 1888, to Grand Rapids.

He was county physician at Baldwin and city physician in Grand Rapids, a member of divers fraternal organizations.[16]

Dr. William A. Wilson, born in the State of New York in 1846, a graduate from Albany Medical College, settled in Grand Rapids in 1884; was for several years member of the city board of health, and, in 1891, secretary thereof.[24]

Dr. Frederick Welling Wright, born in Jackson in 1859, graduate from Detroit Medical College in 1884, was city physician of Grand Rapids in 1891.[24]

Dr. Albert J. Patterson taught school for four years in Cascade, Michigan, and was graduated from the Detroit Medical College in 1883 at the age of twenty-four years. He practiced in Sparta, Cannonsburg, and after 1888 in Grand Rapids.

He was coroner of Kent County—elected in 1896; was trustee of the Second Congregational Church.[16]

Dr. Charles Storm Hazeltine, born in Jamestown, New York, in 1844 and a student in medicine at the University of Michigan and in Albany, engaged in mercantile pursuits in the seventies, and was a member of the firm Hazeltine-Perkins Drug Co.

He had, in 1900, "one of the handsomest homes in Grand Rapids." He was a Gold Democrat and in 1893 was Consul to Milan, Italy.[16]

Dr. Joseph Albright, born in Ontario in 1837, a graduate of Trinity, Toronto, in 1872, practiced in Orion for a year, afterwards in Grand Rapids.

He has been a member of the city council, and in 1900 was serving a third year on the board of education.[16]

Dr. Will DeLano, a graduate from the Eclectic Medical Institute, Cincinnati, in practice in Grand Rapids after 1886, was appointed city health officer in 1898.[16]

Dr. Oscar Lewis Dales, a native of Ohio, 1836, and graduate from Wooster, 1880, came to Grand Rapids in 1886; was in 1887 city physician.[24]

Dr. Thomas Deane Bradfield, born in Indiana in 1843, graduated from Detroit College of Medicine in 1869, was surgeon in the Lake Superior copper mines much of the time until 1884 when he located in Grand Rapids.

Besides serving on the board of pension examiners he was sometime county physician and superintendent of the poor. He represented several Upper Peninsula counties in the legislatures of 1875 and 1879.[24]

Dr. Casper M. Droste, born in Westphalia, Michigan, in 1861, a graduate in arts at St. James College in 1882, and of the College of Physicians, Chicago, in medicine, in 1885, located in Grand Rapids in the latter year. He was for one year city physician; was visiting physician to St. Mark's and visiting gynecologist to the U. B. A. Home in 1891.[24]

Dr. Theophilus J. Langlois of Wyandotte, born September 7, 1840, in Grosse Ile, found himself at the age of fourteen in the humble position of janitor and instructor in the College of Joliette in the Province of Quebec. Graduating in 1862, he moved to Amherstburg, Ontario, became the following year principal of the Royal Canadian Separate School. Resigning his position in 1870, meanwhile having studied medicine, he entered the Detroit College of Medicine. While still in his first year he took finals, was first in the class, and received from the faculty a testimonial letter. During the following year, he was assistant to Dr. Edward W. Jenks, was graduated in 1871, and opened an office in Wyandotte.

He was twice married and the father of three children; one of them, Napoleon T., a practicing physician in Wyandotte.[39]

"When but three years a resident of the community, he was chosen mayor, and filled the position with such credit that he was soon after re-elected, and it was largely through his efforts that a new era was entered upon and many improvements made which have materially added to the health, comfort and pride of the residents. While still mayor, he served as president of the board of education; he has also served as president of the water board and as city physician. He has been the president of the board of public works since its organization, and has done much to draw enterprises to his city. Dr. Langlois has identified himself with the leading social interests. Being an ardent sportsman, he is a member of the Turtle Lake Hunting Club and kindred societies, besides having made an extended acquaintance with Masonry in its various branches to the thirty-second degree. He belongs to Damascus Commandery No. 42, Knights Templar, besides having followed the camels across the burning sands of the desert in search of the Mystic Shrine. He has served as high priest of Wyandotte Chapter No. 135, Royal Arch Mason for two years since its organization; he stands high in the ranks of Odd Fellowship, the Knights of Honor, in the Royal Arcanum and United Workmen. His professional ability is widely recognized.

"Dr. Langlois is a man of broad and pronounced views and takes a keen interest in every enterprise that has for its basis the general culture, advancement and upbuilding of good citizenship. The personality of no man is more noticeable in its impress upon the youth of the city and none has more or warmer friends."[37]

His death occurred March 20, 1926.

Dr. Ernest David Disbrow, visiting obstetrician to the U. B. A. Hospital, Grand Rapids, and secretary to the Grand Rapids Academy of Medicine in 1891, was demonstrator of chemistry at Rush, 1878 to 1880, medical superintendent, St. Mark's Hospital, Salt Lake City, 1881 to 1883, Division Surgeon for Utah, Union Pacific Railway, deputy coroner and deputy United States marshal in Utah before locating in Grand Rapids in 1886.[24]

Dr. E. V. Chase (*See* "Medical Education" and "Experiences of the Pioneer," Volume I) on the close of the Civil War in which he enlisted as private—being subsequently promoted to first lieutenantcy—went across the plains with his regiment to Salt Lake City. Returning, after muster out, he practiced in Elsie. He was elected in 1876 and again in 1879 to the state legislature and served upon important committees, among them that on state hospitals (then "asylums"). He always struck "at the heart of any measure" and opposed "sharp and effectual blows" upon "speculations and fantastical theories."[33]

Dr. Asa K. Warren, who came to Olivet in 1859, was a graduate from the medical department, University of Michigan, in 1856. He served in the Michigan house of representatives of 1873 and in the senate of 1875.[25]

Dr. C. H. Darrow came to Okemos from Schenectady, New York, in 1859; became register of deeds in 1867 and moved to Mason.

Dr. S. W. Hammond, sometime in practice in Okemos, was justice of the peace in Mason in the seventies.[25]

Dr. Emmet N. Palmer, a graduate from the medical department, University of Michigan, in 1869, practiced in Manchester until 1872.

He was railroad surgeon, sometime in the drug business, a member of the board of village trustees and of the common council.[27]

Dr. Moses Archibald McNaughton, born in 1813 in New York State, educated at Middlebury Academy and Union College, was graduated from Fairfield Medical College in 1840 and during the last year of study was demonstrator of anatomy therein. He practiced in Jackson for ten years, then became interested in real estate and railroad promotion and retired from professional work.

He was president of a Gold and Silver Mining Company in Arizona which gave "promise [in 1881] of rich returns," owned a "palatial" residence costing nearly $70,000 in 1873; was elected to the state senate on the Free Soil ticket in 1853; was mayor of Jackson in 1866-1867.[27]

All of which goes to show . . . .

Dr. Edwin L. Kimball, born in Maine in 1851, studied medicine in Concord, New Hampshire; was graduated from the medical department, University of Michigan, in 1875.

He was appointed prison physician in 1876 and held the position in 1881.[27]

Dr. John L. Mitchell, born in 1823 in Connecticut, was educated in Syracuse Academy, at Yale, and in New York graduated from "New York College of Physicians" in 1846.

He came to Jackson in 1850 and, in 1881, had been a member of the Jackson County Medical Society for "about twenty-five years"; was prominent in Masonry.

In politics always a Democrat, he had been prison physician, town clerk, alderman, and a "delegate to every county convention since 1852."

Dr. Norman B. Sherman was graduated from Albany Medical College in 1862. He resided at Syracuse, at Midland, Michigan, then traveled extensively until 1884. He located that year in Jackson and in 1889 in Waterloo; was health officer of the latter place.[50]

Dr. William M. Harvey, born in Romeo in 1863, was graduated from Romeo High School in 1882 and five years later from the Detroit College of Medicine. He was one of the Detroit city physicians for two years under appointment from the board of health. Later he served as city physician for a two-year and a three-year period appointed by the poor commission. He was sometime surgeon of the 4th Infantry Michigan National Guard (Abb).[37]

Dr. Edwin P. Andrews, born in 1826, was brought up on a farm. At the age of twenty-one he began medical study but owing to the fact that he was obliged to work his way by his own efforts did not graduate until 1850, at Starling, Columbus.

In 1861 he was appointed by President Lincoln to examine recruits for war service; was for a number of years examining surgeon for pensions; was four years an alderman in Adrian.[18]

Dr. Dennis W. Rogers (1826-1898) came to Branch County in 1859.[22]

Dr. J. H. Anderson of Union City, whose "judgment is seldom at fault in anticipating the outcome of a disease," was born in St. Joseph County in 1867. He was graduated from the medical department of the University of Michigan in 1888.

He was in 1906, a Knight Templar, Knight of the Maccabees and member of the Improved Order of Foresters.[22]

Dr. L. A. Warsabo, a native of Mohileff, Russia (1848), was graduated in medicine in Moscow in 1869. He later pursued medical study in Vienna and Paris.

In 1871 he located in Chicago, but the disastrous fire of that year impelled his removal to Michigan. He spent one year at Ann Arbor; in 1875 he came to Coldwater.

It is recorded in a biographic sketch[22] that he is a Republican, an Odd Fellow, Knight Templar, Presbyterian, a member of the Tri-State Medical Association, and that he was health officer of Coldwater for thirteen years. He was deferential, courteous, unostentatious, popular.

"Dr. Backus came to Jackson in September, 1836. He at once decided to make it his home, brought his family and commenced the practice of his profession. Dr. Backus brought with him a high reputation as an allopathic [*Sic*] physician; he continued in practice up to his final sickness, and it is not too much to say that he stood in the front rank of his profession, not only in Jackson, but also in the state. The standing of Dr. Backus as a citizen was equal to his reputation as a physician, and of this he received many proofs. He was a member and officer of St. Paul's (Episcopal) Church from the date of its organization to the day of his death. He served for three years as an inspector of the state's prison, and one term (1859) in the senate of the state. Dr. Backus died in 1865."[27]

Dr. H. B. Stillman, a pioneer physician, was sometime county clerk of Branch County.[22]

Dr. S. S. Cutler was the first mayor of Coldwater after its incorporation as a city. He was a member of a special commission appointed to investigate the state charitable institutions, one of the recommendations of which resulted in the establishment of the State Public School. He took prominent part in local educational matters.[22]

Dr. E. F. Gamble, born in 1866, was graduated from the homeopathic department, University of Michigan, in 1892, and engaged in practice in Coldwater in 1897.

"He is secretary of the Branch County pension examining board."[22]

Dr. Robert Fraser, "whose capability in his profession ranks him with the leading members of the medical fraternity in Branch County, is perhaps the oldest physician in years of continuous practice in this part of the state," and who is "well known in the ranks of the Peoples party" in Sherwood, was born in Canada in 1842. He was graduated from the medical department of Victoria University in 1865, but being desirous of obtaining still greater proficiency in the line of his profession entered the "American Electrical [*sic*] Medical College" and graduated therefrom in 1876. Thereafter he did not "cease his study," but "kept in touch," was an "interested observer" and became the "beloved family physician in many a household."

Dr. Fraser besides being an unsuccessful candidate for Congress on the People's ticket was in 1906 "a Democrat" but he never regretted his determination to seek a home in the United States" and owned an excellent farm. He was the first president of the village of Sherwood.[22]

Dr. Samuel Schultz, born in 1869, a sometime student at Michigan Agricultural College, of the medical department of the University of Michigan for two years and the Northwestern University, Chicago, for a similar period graduated in 1899, located in Coldwater and has been professionally and financially "quite successful."

He was health officer of Coldwater in 1906.[22]

Dr. J. M. Roe was elected one of the assessors of Buchanan village in 1858.[21]

Dr. John Bell was health officer of Benton, Berrien County, in 1879. He was the first physician in the village and in 1880 was still in active practice.[21]

Dr. A. S. Haskin was born in the State of New York in 1827; was engaged in agricultural pursuits until 1850; attended medical lectures at Ann Arbor and in 1857 began practice in Lawrence, Van Buren County.

He has held township and village offices and was in 1880 a coroner of the county.[21]

Dr. Nelson H. Kindall, born in New York in 1820, worked at the carpenter's trade until 1847 when he began the study of medicine. He came to Michigan ten years before. He was graduated at the Cleveland Medical College in 1860 and located in Adrian. He was there sometime alderman mayor, and city physician; was the surgeon for the Lake Shore and Michigan Southern Railroad from 1862 until 1879.[18]

Dr. William Howie Young, born in 1840 in Canada, matriculated in the University of Toronto in the medical department. Later he was graduated from the Detroit Medical College (1870), and located in Nashville.

He was sometime president of the county board of pension examiners, president of the village, member of the school board; was president of the Barry and Eaton Medical Association in 1876.[48]

Dr. A. L. Walker was graduated from Cleveland Homeopathic College in 1869, began practice in Salem township, Washtenaw County; was a member of the township board of health.[34]

Dr. D. L. Dumond, born in Canada in 1843, studied with Dr. Charles

W. Dally of Smyrna, Michigan, and was graduated with the medical class of 1867, University of Michigan. In 1872 he located in Osceola County.

He served for eighteen years as member of the village council of Evart, being president for five years.[4]

Dr. John Kapp, mayor of Ann Arbor (in 1881), was born in Washtenaw County in 1841. He was a graduate from the medical department, University of Michigan, in 1868, engaged in practice at Benton Harbor. Thence he went to Cincinnati and was graduated in dentistry in 1869. He has been county coroner and a member of Ann Arbor board of health.[34]

Dr. C. F. Ashley was health physician of Ypsilanti township in 1858.[34]

Dr. Willard C. Brown, born in Schoharie County, New York, in 1857, was graduated from the University of the City of New York in 1881. He was associated with Dr. McHench in Brighton for one year, then practiced in South Lyon until 1888. He took a special course in surgery and general diseases in New York City the following year, then returned to Brighton. He was health officer in South Lyon.[49]

Dr. James Eakins of Port Crescent, born in 1846, received the degree of Bachelor of Medicine from Toronto University 1870. He was representative from Huron County in the legislature of 1881-1882.[40]

Dr. John Henry Carstens (1848-1920) took a great deal of interest in city politics and was a candidate for mayor of Detroit on several occasions; was sometime member of the board of education and the Detroit board of health.[36]

The following physicians have served as health officers in the city of Pontiac: Dr. John P. Wilson, 1874; Dr. Chauncey Earle, 1875; Dr. E. C. Fuller, 1876; Dr. Robert LeBaron, 1877-1878; Dr. F. B. Galbraith, 1879; Dr. W. G. Elliott, 1880-1881; Dr. Wm. McCarroll, 1882-1884; Dr. W. G. Elliott, 1885; Dr. Mason W. Gray, 1886-1889; Dr. H. S. Chapman, 1890; Dr. N. B. Colvin, 1891-1894; Dr. J. W. Losee, 1895; Dr. G. H. Drake, 1896; Dr. J. W. Losee, 1897-1900; Dr. G. H. Drake, 1901-1903; Dr. V. H. Wells, 1904-1905; Dr. Geo. H. Drake, 1906-1907; Dr. E. Orton, 1908-1910; Dr. D. G. Castell, 1911-1915; Dr. Frank A. Mercer, 1916; Dr. C. A. Neafie, 1917-1927.

Dr. Albert A. Parisot (1869-1921) was one of the founders of the Knights of Columbus in his district and was three times elected mayor of Mt. Clemens.

Dr. Chas. H. O'Neil was named by the Flint council a member of the Flint board of health (1921). He succeeds Dr. Walter H. Winchester.[36]

Charley O'Neil's shadow has steadily lengthened in the flight of time and his confreres in the Genesee County Medical Society are, in the public weal, to a man interested in the conservation of his health. He has attentively studied causative phenomena. "I know how you happened to recover from the operation"—he said to a septic septuagenarian—"the good die young."

Dr. Walter H. Sawyer of Hillsdale won out in the campaign for regent, University of Michigan in 1921, despite the nomination of his sister, Nellie Sawyer Clark, of Kalamazoo.

Dr. George F. Lavin of Detroit (1870-1921) was appointed city physician in 1909 and in 1914 was made "chief of the staff with seven subordinates." He had "an unusual amount of good common sense."[36]

The last attribute mentioned is eminently desirable and not invariably present in a "psychiatrist in the city."

A member of the Oakland County Medical Society served on the (Pontiac) charter revision commission. Likewise did Dr. Charles H. O'Neil, that of Flint.

Dr. D. G. Castell of Pontiac served three years on the city commission, and Dr. L. A. Farnham after one term was re-elected.[36]

Dr. Edward G. Martin of Detroit, president of the American Proctologic Society and of the Wayne County Medical Society (1929), pays respects to those actively enlisted in the "continued legislative battle," Drs. R. E. Loucks, Alfred H. Whittaker and "our beloved Guy L. Kiefer who has proven himself truly a state health officer."[36]

"Dr. T. J. Carney has resigned as local health officer at Alma, Michigan."[36]

"Captain Henry Vaughan, former deputy health commissioner, now [1919] with the army sanitary corps, has been appointed health commissioner at Detroit, succeeding Dr. James W. Inches, new police commissioner."[36]

"Dr. L. M. Ryan, of Caro, has been appointed as acting assistant surgeon of the United States Public Health Service, for duty in connection with the control of the influenza epidemic."[36]

Under date of September 5, 1928, the *Flint Daily Journal* published the following item:

> "Dr. R. C. Mahaney, 56 years old, head of the Owosso health department, and one of the best known public health officials in the middle West died Tuesday night [September 4] in Memorial Hospital [of which he was a staff member] from a heart attack as specialists were examining him.
>
> "Dr. Mahaney suffered an attack of influenza last spring which left him with a weak heart. Four weeks ago he was striken with pneumonia and had apparently recovered when his heart gave out. He was president of the Michigan Public Health Association last year, and at the time of his death was chairman of the permanent public health committee of the Michigan State Medical Society.
>
> "Dr. Mahaney was in constant demand as a speaker by virtue of the methods he pursued and results he obtained in his work. He enlisted every school teacher, pupil and parent as deputy health officers and said he had assistants in every home.
>
> "He was a graduate of the University of Michigan [1900] and had practiced in Owosso since that time. He was named health officer five years ago. He leaves his wife and two children, his aged father, Charles Mahaney; one brother and one sister, Miss Geraldine Mahaney of the Herman Kiefer hospital in Detroit."[14]

Dr. Mahaney was a past president of the Shiawassee County Medical Society.[35]

ATHLETICS AND SPORTSMANSHIP

The following is an excerpt from "County Society Secretaries Conference:"

Dr. Moore (Cadillac): Mr. President and Fellow Secretaries: I don't know whether Cadillac has the proper personnel in its medical society, but it does seem we have enjoyed a very good attendance and very active programs, both from the medical and the educational standpoints. I think there are several doctors in the room who know some of the activities of the doctors in our medical society. When the speaker this afternoon mentioned the community side of the medical profession, I just ran over in my mind some of the positions our local physicians have held in our community. I have been on the school board for twenty-five years and have been mayor for six years, and one of our doctors has been health officer. Another doctor has been president of the Rotary Club, another has been president of the Izaak Walton League, and we have held about all the offices there are in the city and in the community. Being a member of the city commission, besides being the mayor, that throws one in with the board of supervisors, which enlarges one's acquaintance in the community and makes it a county matter."[36]

Dr. Marshall Chapin of Detroit was a member of the Masonic fraternity, sometime alderman and in 1832 mayor of Detroit. That year occurred the negro riots and Mayor Chapin made application for a company of United States artillery to patrol the town.

He was chief engineer of the fire department. One day while taking dinner with Governor Cass at the gubernatorial mansion, in a log structure which stood on the river bank about where Jefferson Avenue and Second Streets intersect "a fire broke out in the upper story. The young doctor immediately took command of the situation, giving his orders so clearly and explicitly and doing such timely work himself that Cass was particularly struck with his character and decision."[7]

Dr. Whiting was also a member of the fire department of Detroit, organized in 1827.

Dr. J. H. Farnsworth in the early forties was present at the formation of the Detroit Boat Club.[13]

"John J. Mulheron, M.D., son of Thomas and Margery (Hicks) Mulheron, was born in London, Ontario, Canada, May 31, 1846. Thomas Mulheron was a native of Glasgow, Scotland, and emigrated to America in 1842, settling in the province of Ontario, Canada, and Margery Hicks Mulheron was a native of Cornwall, England. John J. was the second child and eldest son of a family of twelve children. He received his early education in the public schools of Waterloo, Ontario, and later became a student in the Rockwood (Ontario) Academy. In 1867 he entered the medical department ot the University of Michigan, from which he was graduated in 1869 with the degree of M.D. Returning to Canada, he passed the required examination and took his degree from the Toronto School of Medicine. For one year he practiced his profession at Mitchell, Ontario, and located permanently in Detroit, Michigan, in 1870. He has built up a large general practice, and has devoted himself since 1892 to the diseases of women, to which branch of medicine his practice is now chiefly confined, and for which he has especially fitted himself through European (particularly Vienna) study.

"Dr. Mulheron is a member of the American Medical Association, Michigan State Medical Society, Detroit Medical and Library Association, and is president of the Detroit Gynecological Society. He is consulting physician to Harper Hospital at Detroit; and clinical professor of medicine in the Detroit College of Medicine. From 1874 to 1877 he served as city physician of Detroit and as county physician of Wayne County from 1887 to 1889. In 1891 he was appointed United States sanitary inspector at Detroit, serving until 1893. In 1886 he was elected as alderman from the first ward, being president of the common council in 1887, and chairman of the board of supervisors of Detroit in the same year.

"He is prominent in Masonic circles, having been honored with the thirty-second degree, is past grand chancellor of the Knights of Pythias and past commander of Acomoetae Council of the Royal Arcanum. He is also member of the Fellowcraft Club of Detroit.

"He was married, in 1870, to Miss Annie Morton of Windsor, Ontario, Canada, from which union there were nine children, five of whom survive: Hugh, a graduate of the medical department of the University of Michigan, class of 1897, and now [1898] associated with his father in his practice; Annie M., Thomas S., Mary O. and Margery N. Mrs. Mulheron died in January, 1897, and in the spring of 1898 the doctor wedded Mrs. Bertha C. Hansen of Detroit."[37]

Dr. Mulheron's death occurred in 1913, but his work lives after him, and enlivens many pages of this history.

As a journalist he was a caustic commentator on current events of which he disapproved.

Dr. Wm. J. Cree writes of him, "Mulheron was a Greco-Roman wrestler more than a boxer and he was a good one. I recall one bout he had with a Conductor McLaughlin of the Michigan Central Railroad. I do not remember the results of the match which was held at the old Detroit Opera House."

Wrestler he was indeed, formidable in both physical and mental exercises. The writer of this chapter suspects (although he does not wish to look up the matter for fear of being undeceived) that his middle name was Jacob. At all events, he is the prototype of a Biblical character of similar physical equipment.

But Mulheron, while a devotee of athletics, pointed a warning. "The extent to which these athletic sports is practiced is sufficient to call the attention of the medical profession to them. While we regard the interest manifested in these things as a healthful indication we cannot close our eyes to the dangers to which an indulgence is subject. Youth is given to excesses, and a wholesome restraint in the matter of athletic sports is as well-timed as it is in other directions. Professional athletism is physically as well as morally, an evil, the only redeeming feature of which lies in the stimulus it has a tendency to give to physical culture in the community, for men are more wont to admire physical prowess than mental acumen, and it is well that it is so; for without strength of body masculinity of mind is never found."[43]

George John Baker, Detroit; Detroit College of Medicine and Surgery, 1909; member of the Michigan State Medical Society; died September 26, 1928, aged 49, while aboard his yacht at Seville, Spain.[35]

Dr. Rush J. Shank of Lansing was one of the promoters and organizers of the Grand River Boat Club.

He was long assistant chief of the Lansing fire department and a highly impressive and compelling figure with his trumpet.

Dr. John P. Eggleston, "one of the most popular physicians and surgeons of Imlay City," was born in Canada in 1861; was a student at Trinity for two or three years, a graduate in medicine from Toronto in 1879 and resident surgeon in Guelph Hospital for two years.

"He belongs to nearly all the social societies of high standing," was elected as supervisor on the Democratic ticket in a Republican district "by a large majority"; was nominated for sheriff, but "so indifferent was he as to the outcome that he went on a hunting expedition that lasted throughout the campaign."[18]

He "loves the piscatorial art and would have found Isaac Walton the most companionable of fellows." That I. W. would have reciprocated, this writer, who knew Dr. Eggleston well, thoroughly believes.

"The boyhood of Dr. Henry Belanger, born in Chatham, Ontario, October 17, 1872, was largely passed on a farm until his thirteenth year, when he was placed in the Ottawa University, where the next four years were passed in hard study and preparation for matriculation at McGill University, accomplished. He studied one year in Assumption College at Sandwich, Ontario, and then entered upon the pursuit of his medical studies, having selected that profession, at the Detroit College of Medicine, from which he was graduated in the class of 1894. He chose to enter upon the practice of his profession at River Rouge and soon became so identified with every interest of the place and was so pleased with the results of practice that he decided to make it his permanent home and has every reason to congratulate himself upon his choice. He is the health officer of the village and is warmly attached to every feature of the village's social life. He participated in church and literary work and his assistance to the young people is duly appreciated. His love for all athletic sports is decided and in earlier life he was an active participant in them."[37]

Dr. Fred N. Bonine, son of Dr. Evan J. Bonine, pursued academic study in Freiburg, Germany, graduated from the medical department, University of Michigan, in 1886; received post-graduate instruction in London, Paris, and Vienna.

He settled in Niles in 1863 and established himself successfully in ophthalmologic practice; has been division surgeon of the Michigan Central Railroad; city physician and mayor of a Democratic city though a Republican in politics.

In May, 1885, against Yale, Columbia, Princeton, Cornell, University of Michigan he won at New York the championship for 100 yards dash and in May, 1886, at Ann Arbor, the world's championship for 110 yards. He has won 275 prizes in college athletic sports, including running, jumping, weight throwing.

He has been Eminent Commander of Niles Commandery K. T., and is influential in Masonic circles, the Scottish Rite, especially. He is a member of various other fraternal organizations.[39]

In October, 1928, his life was evidently in serious danger, as is revealed by the following excerpt from "Tonics and Sedatives" of the *Journal of the American Medical Association:*

> SCIENCE WAITS BREATHLESSLY
>
> *News of an immortal reported in the Benton Harbor Palladium*
>
> "Niles, Oct. 11—A new pneumonia serum rushed here by airplane from Detroit has probably saved the life of Dr. Fred N. Bonine, world-famed eye specialist and member of the Michigan State Boxing Commission, who has been a victim of pleuro-pneumonia the last two weeks.
>
> "Hearing of Dr. Bonine's condition, Dr. William Tyler, of Detroit, life-long friend of the eye specialist, wired Dr. L. P. Ingleright, attending physician, that he was sending by special plane a vial of new serum that he had used successfully in the combat of pneumonia in Detroit.
>
> "Upon the arrival of the serum by plane Sunday night, Dr. Bonine's condition showed a marked improvement and he has improved to such a degree that attending physicians announced this morning that he would recover unless unforeseen developments took place. The crisis, they say, is past.
>
> "As he sat propped up in his bed for the first time yesterday, his first thoughts were for the more than a thousand eye sufferers who trek their way weekly to the Bonine offices here from all parts of America and from even foreign countries rather than his present physical condition.
>
> "Dr. Bonine is undoubtedly the world's greatest physician in the treatment and removal of eye cataracts. He uses a secret formula for which he has been offered a fortune by hospitals and physicians in private practice. Dr. Bonine is said to have declared that he would take with him to the grave this formula with which he has so successfully treated cataract growths, for the last quarter century. However, friends of his declare that when the Bonine strong box is opened and his will read this safely-guarded formula will be made known to the world."[3]

April 27, 1881, witnessed the death of four "deservedly popular" citizens of Mt. Clemens who "went forth on a fishing expedition." Ice was running, there was a "terrific squall" and the boat was capsized. Among these unfortunates was Dr. Wilhelmus Decker, who came from New York State to Shelby, Macomb County, in 1856. He taught school, was graduated in medicine at the University of Michigan in 1878 and located in Mt. Clemens.[30]

Dr. J. C. Parker was president of the Grand Rapids Bicycle Club in 1880.[24]

Dr. Samuel Perkey was, in 1872, chief engineer of the Charlotte fire department.[25]

Dr. Charles G. (Commodore) Jennings is a competent yachtsman and sailor and a local authority on nautical subjects. He recently (1929) passed the fiftieth anniversary of medical practice in Detroit and the Detroit Academy of Medicine made it the occasion of a complimentary banquet in his honor at the Detroit Club. The table and menu were exquisite and the decorations, having reference to marine matters, artistic in the extreme. The Admiral's Chapeau placed upon the handsome poll of the guest of honor was appropriate and the sailor caps on the "beans" of the assembled landlubbers were fully as becoming as might have been predictable. The lighthouse and other high lights will long be remembered by the fortunate participants in this celebration.

Dr. Howard W. Longyear was an expert fisherman and woodsman. (*See* Volume I, Chapter XI.)

Dr. Walter P. Manton was an excellent shot and an experienced big game hunter. (*See* Volume I, Chapter XI.)

Dr. Wadsworth Warren was an accomplished sailor, a graceful and proficient horseman. (*See* Volume I, Chapter XI.)

"Suddenly seized with a cardiac angina while playing golf, Dr. F. J. Larned of Grand Rapids, died on September 6, 1928, at the age of 52. For a number of years Dr. Larned had limited his work to pediatrics and was chief of that service on the Butterworth Hospital staff."[36]

Dr. Donald A. Link, who engaged in the practice of medicine and surgery in Volinia, Cass County, was born in Canada in 1864; was graduated at the Detroit College of Medicine in 1895; was for a time in Dawson City in Alaska. While on a canoeing trip on Moon River in Muskoka district, Canada, he met death by drowning.[23]

From the pages of the *Detroit Saturday Night* of December, 1928, comes the following interesting item:

> "Ever since Dr. James Woofendale Inches was imported into this town [Detroit] from the neighboring metropolis of St. Clair by Doctor Colonel Angus McLean and his fellow-conspirators on the board of health to run the health department he has been the life of the party. When he got through running the department of health he ran the police department, and later he ran for mayor. But those were the least of his adventures.
>
> "He was just eight minutes ahead of the enemy when they broke through the Italian front in 1917. At a time of life when most people are thinking of dressing gown and slippers he was stunting in the air with a visiting French ace over the Detroit River. He commonly traveled by air whether he had any place to go or not. For years he could not hear the sound of an airplane without leaving the ground. He had his nose cut off in a street railway accident between St. Clair and Detroit, but he put it on again and kept it, and it is wearing very well.
>
> "Preparing to fly from London to Paris he was delayed a few minutes and missed the airship he had intended to take; it crashed just after taking off and everybody on board was killed. Later he traveled with friends from one end of Africa to the other hunting big game, and he liked it so well that he went back alone this year, though he got away almost unnoticed.
>
> "Everybody was wondering why the town was so quiet until they heard the other day that he was ship-wrecked off the east coast of Africa—the only passenger on board a craft called the *Cariboo*. He would choose it for its name. He lost all his artillery, and nearly all his films, and all his specimens of wild life except himself, assuredly the best specimen of all.
>
> "When he returns this time that will be the cue for his friends to take him by the hand and teach him how to sit down; for he cannot always bear a charmed life, and James Woofendale Inches is 67 years of age."

Dr. Inches, who, as the foregoing reveals, is a famous sportsman, contributed a lengthy article to the *Detroit Saturday Night* of April 6, 1929, from which the following are excerpts:

STALKED BY LIONS IN THE AFRICAN BUSH

FORTUNATE SWEEP WITH FLASHLIGHT REVEALS A FULL GROWN MALE READY TO SPRING: THREE SHOTS ARE REQUIRED TO FINISH HIM

Did you shoot a lion? That is the question that a sportsman returning from Africa has to answer more often than any other. And it is probably true that to shoot a lion is uppermost in the mind of a sportsman going to Africa.

Even with experienced hunters who live in Africa, a lion hunt seems to offer a greater thrill than any other and certainly to "be in at the finish" of a lion has a very much more thrilling effect on the natives than the finish of any other of the so-called dangerous animals. And yet there is a great difference of opinion among hunters as to whether or not the lion is the most dangerous animal in Africa. All of the big four, the elephant, the lion, the rhinoceros and the buffalo, are admittedly dangerous under provocation, but a majority of hunters seem to agree with Col. Roosevelt that the buffalo is the only one that is quite liable to charge without provocation and is the most dangerous in attack. The elephant is probably the most intelligent and therefore the most dangerous if subjected to frequent hunting.

They were not dangerous until wounded, but then of course had to be approached very carefully. Most hunters seem to agree that the rhinoceros should not be classed with the other three of the big four. They have very poor sight and it is said that while they are quite liable to charge they have practically no sense and their charge is a headlong rush straight ahead which can easily be dodged.

The buffalo has both keen sight and sense of smell and is cunning to boot. Hunters all tell of their habit of disappearing when wounded and after making a wide circling movement suddenly appearing in a charge directly behind the hunter. They are hard to stop and terribly vicious when wounded and at close quarters.

Nevertheless it is the lion that is called the "king of beasts," and there are many things about him, even to the way he fights to the end and gives up the ghost with a growl, that make you feel he deserves the title. It is easy to understand why he holds a place by himself. Of the big four he is the only carnivorous animal, the only killer, the only one that lives by killing other animals, and that practically all other animals live in constant fear of.

I had some very exciting experiences, and on one or two occasions was fortunate in getting away with a whole skin. One in particular took place the night after I had entered the Kruger National Park for my second trip with my friend, Mr. P. W. Willis. Finding that a large truck, or lorry as they are called there, which regularly brings Portuguese natives across the park to work in the mines, was returning the next day, we made arrangements to have it bring all of our camp equipment, taking nothing with us in our small automobile except a rifle, blankets, one native boy, and enough food to last us until the truck arrived. Unfortunately, we forgot to take along a couple of lanterns, and let me say right here that my choice between a lantern and a rifle to protect me in the bush at night would always be a lantern. It is said that there are instances where lions have come right up to a camp fire or light, but I have never met anyone that actually knew of a case where it happened.

On the evening that Mr. Willis and I reëntered the park, we decided to spend the night at a spot where there were no trees or bushes within a hundred yards and where the ground was clean and free from thorns. It was about a half mile from a water hole where I had built a blind on my previous trip and which I expected to use again. After getting our supper, our boy trotted off to spend the night at a native kraal about a mile away, and Willis and I let the fire go out, as the night was quite warm.

About one hour after we had rolled up in our blankets and lay down beside the car, we were startled by the noise of a wild stampede of a large herd of animals, evidently wildebeeste, coming from the direction of the water hole. There could be only one cause for such a stampede at night and we knew there were lions about. A little while later, as I was lying wide awake looking at the stars, and saying to myself that as Willis was lying next to the car a lion would naturally pick me up first, Willis heard something that caused him, with an experience of 30 years on the veldt, to get up and to tell me that there were lions close by. He took the extension spotlight of the car and swept it halfway round in front of us and brought it up on three pairs of eyes watching us. As soon as Willis saw the three pairs of eyes, he knew and said that they were lions. They were leisurely passing us about 70 or 80 yards away, and soon we were able to plainly distinguish the forms of three very large lionesses. They would stop and look at us for a moment and then move on. Of course we could not shoot because we were guests in the Kruger National Park and honor-bound not to shoot unless in imminent danger. After we had watched the lionesses get fairly well past us, Willis handed the light to me where I was standing in the car and asked me to try the other side. Sweeping the light around from the point where he had discovered the eyes, till I had got half way round the other side, I suddenly got a wonderful thrill. There, just exactly 26 paces, as it turned out next morning, but seemingly almost at my feet, was a full grown lion creeping up on us, and the instant the light covered him, he crouched down with his head on his forepaws exactly as a cat crouches as it gets ready to spring at a bird. It was a wonderful sight and a magnificent picture. Surrounded by the darkness, the intense light at that range made every detail and shading stand out, and the reflection of the light in his eyes made them seem to be fairly aflame. I whispered aloud to Willis, "Get your rifle quick." Leaning over the hood of the car while I held the spotlight behind him and on the lion so that he could see his rifle sights plainly, he fired. The lion sprang forward with a roar, but had hardly finished his spring when Willis got in another shot. Then he turned and started out to where we had first seen the lionesses and Willis sent a third shot into his side just back of the shoulder.

It was then plain that he was done for and was trying to reach the other lions, but he only got to a point just 70 yards in front of us where he lay down. Then a strange thing happened. The three lionesses came back to him and then another lioness, and all four moved about him till a sort of growling groan that he was uttering ceased, and Willis said he was dead. Then three of the lionesses moved off in the direction they had gone before, while the fourth only went about 200 yards to a small clump of bushes. There she remained all night and at intervals of from 12 to 15 minutes until almost daybreak, uttered a roar that seemed to make the car and everything else tremble. She was evidently the lion's mate and was calling to him.

Willis lay down and I think dozed quite a little, but there was no sleep for me. I sat in the car with the spotlight in my lap, and all night long, as I heard the first note of the roar, I turned on the light and wiggled it around in her direction just to let her know that I was still on the job.

Those lions were deliberately stalking us just as they do animals. The lionesses will leisurely walk past a herd of animals at a distance, and while the animals are watching them, the lion will creep up wind and reach springing distance perhaps before he is discovered.

The lions, which were stalking Willis and me, were hungry and out looking for food. They had failed in their attempt to get a wildebeeste when they stampeded the herd and were probably quite angry. At the best one of us might have been fatally mauled.

The next day, after we had gotten natives to skin the dead lion, I sent a letter by a runner to Capt. Howe, the warden of the park, relating what we had done, and several days later received an answer from him congratulating us and telling me that I was very lucky in being with such an experienced man as Willis.

The lion skin was an unusually fine one and made a very beautiful rug, but unfortunately it went to the bottom of the ocean with all of my personal effects when I was shipwrecked.

In an interview (April, 1929) with the editor of the *Journal Michigan State Medical Society,* Dr. Inches told of his journey, in 1928, to Capetown and a hunting expedition in different parts of the Transvaal undertaken on invitation of the Transvaal Consolidated Land Company. He secured four lions, two leopards and many fine specimens of the antelope family, but these trophies were, unfortunately, lost in shipwreck.

"Dr. A. W. George was elected president of the Detroit Rifle and Revolver Club at their annual meeting in January."[36]

He or some other doctor is still needed in the position (1929).

"Drs. F. B. Tibbals and F. W. Robbins of Detroit are going on a fishing trip the fore part of June [1919]. We wish them success."[36]

They returned safely, but with what success has not been revealed. Dr. Tibbals has contributed interestingly to this history. Dr. Robbins is doubtless a member of some fishing club in Pasadena and may be there addressed for particulars.

"Dr. Charles G. Jennings left Detroit July 18 [1921] for an extensive canoe trip in Northern Canadian streams."[36]

"Dr. and Mrs. H. N. Torrey left Detroit July 22nd [1921] for a two weeks' cruise on Lake Superior in their yacht Tamarack."[36]

"Dr. H. N. Torrey of Detroit left the last of August [1921] for a hunting trip in Alaska."[36]

Dr. W. S. Shipp and Dr. R. D. Sleight of Battle Creek enjoy trout fishing on the Black and Au Sable rivers.[36]

"Dr. A. D. Holmes returned to Detroit March 9, 1921, after two weeks play on the links at Pinehurst, North Carolina."[36]

At the annual meeting of the Detroit Boat Club Yachtsmen held November 4, 1921, Dr. W. H. Hewitt of Detroit was elected Fleet Surgeon.[36]

Drs. J. D. Mathews, F. B. Tibbals, F. W. Robbins, Charles Kennedy,

E. C. Watson, Dale M. King, Frank Walker, Roger Walker, W. H. Morley, H. W. Paggemeyer, Harold Wilson, W. D. Ford, Herman Sanderson and Thomas Davis were in 1921 members of the Detroit Curling Club.[36]

Dr. George L. Le Fevre of Muskegon "accompanied" a golf foursome in New York, but whether actively participating in the game or searching for lost balls is not recorded.[36]

The golfers of the Oakland County Medical Society "will contest annually for a handsome trophy which will be presented by Dr. Harvey Chapman."[36]

Dr. H. S. Chapman has "resumed the practice of golf" in Pontiac after spending the winter in California.[36]

Dr. Francis J. Maguire of Detroit (1870-1929), born in Hamilton, Ontario, was graduated in medicine at Detroit College in 1896.

"At one time he was connected with the surgical staff of Harper, Grace and Providence Hospitals of Detroit. He was a member of the Wayne County Society, member of the Michigan State Medical Society, and a fellow of the American Medical Association. He also was a member of the Detroit Athletic Club and the Detroit Yacht Club."[36]

"The Fellows of the Detroit Academy of Medicine were delightfully entertained by Dr. and Mrs. A. D. Holmes at their residence April 5, 1921. Dr. F. W. Robbins gave a talk on "Curling in Edinburgh and Other Things." The doctor was a member of the Canadian-American team which curled so successfully in Scotland the past winter."[36]

"We haven't heard of any Michigan doctors using an airplane for making professional calls [1919]. We are anxious to print such a news note just as soon as such an event occurs."[36]

"Dr. James Inches of Detroit was one of the passengers on the giant aeromarine flying craft, 'Santa Maria,' in its trip from Miami, Florida, to Washington, D. C. They were sixteen hours in the air. The trip was made the middle of April [1921]."[36]

Dr. Inches "returned home December 3 (1917), after a six months' tour of the French, Italian and British fronts in behalf of the American Red Cross."[36]

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Chapter VI

Women Physicians

"Woman—Cupid's Locomotive"

—Toast at a "Railroads" celebration
at Ann Arbor in 1839.

CHAPTER VI

Women Physicians

By C. B. Burr, M.D., Flint, Michigan

THEY had much to overcome—

"The objection to women practicing medicine dates back to 1421, when a petition was presented to King Henry V that 'no women use the practyse of Fisyk, under payne of long imprisonment.'"[5]

It sounds rather sordid, the implication that Harvard University after the time a bequest of $10,000 "was recently made to it on condition that women be admitted to its medical college" found "itself not invulnerable to donors," and though once rejecting the bequest the Board of Overseers "resolved that under suitable restrictions women might be admitted." "We shall now, doubtless," declares the mellow *Medical News,* "soon hear that money succeeded where argument, though plied for years, failed."[5]

It didn't succeed. Wisely, or otherwisely, the Board of Overseers stuck it out.

Women in their pursuit of medical study have found numerous handicaps. For example, it is related by Hon. James H. Parker that King Strang, the Mormon, in 1855, while a member of the legislature opposed a bill to establish a department of "medicine and obstetrics" in a "female college."[7]

As is well known, King Strang was no foe to the female sex, but he apparently did not "choose that its members should be in an upstanding, that is to say, independent, position."

The following resolution offered by Dr. E. Batwell, Ypsilanti, was tabled by the Michigan State Medical Society in 1868, after "considerable discussion of a more amusing than profitable character."

> "RESOLVED, That this Society deems it derogatory to its members, and in direct violation of medical ethics, to counsel with or hold any communication with female practitioners, unless satisfied that they are graduates of regular organized schools."[5]

Here medical "ethics" and the common garden variety thereof seem startlingly mixed. As to under-graduates there was apparently nothing to fear. Dr. McCormick of Owosso is authority for the statement (*See* Volume I, Chapter VII) that "there were few if any dates and petting parties" in the early days of co-education in the University.

"Female Doctors—at the seventh annual commencement of the Women's Medical College of Pennsylvania, the degree of Doctor of Medicine was conferred on fifteen graduates."[5]

Quoth the *Detroit Review of Medicine and Pharmacy:*

"In the medical world, as well as at the polls, women are creating a sensation, and, as ever, history repeats itself, so we find extravagance leading the train of reform. . . . Our own view of the matter is that women are not fitted for the general practice of medicine—a view founded upon our appreciation of their organization. . . . We cannot too strongly express our contempt for the outrage which certain medical students and one professor in one of our Eastern schools, put upon a class of ladies in the amphitheatre of a hospital. . . . We do not believe that the ladies were in their proper place, but that in no degree excused the male students for violating their claim to the title of gentlemen."

That's that—Women of the Scalpel and Surgical Scissors, of wards and laboratories, of clinics and consultations. The pathway was cactus covered, but you followed it faithfully. The writer of these lines would reveal to you the editor's name, but this is of no use. He long ago departed this life.

"It is conceded to be a fact that it is impracticable to associate the sexes in medical instruction. . . . Our experience affords no argument against co-education on the side of the ladies. They have invariably been attentive and studious and in the most trying situations have quit themselves in a most commendable manner."[18]

Dr. Edward Cox of Battle Creek "says that the late Dr. Pitcher of Detroit used to say that if women were allowed to study physiology they would learn just enough to enable them to commit abortion."[4]

Which goes to show, as women physicians and "most of the rest of us" will agree, that despite Dr. Pitcher's extraordinary reputation, insight and understanding he must be included in the category of "none perfect—no not one."

Dr. Leartus Connor[4] quotes Dr. Mary Putnam Jacobi as writing in the *North American Review* as follows:

" 'The profession of medicine must be chosen deliberately, and not at haphazard, from a strong and genuine taste, and not from the mere pressure of economic necessity; it must be seriously prepared for in youth; must be entered upon at the age at which many men marry; may not yield its best returns until full maturity is reached; must be adopted, therefore, if at all, for a life time. Hence is required either an accidental celibacy or a deliberate renunciation of marriage for the sake of medicine, such as is not dreamed of for any other work; or else such an adjustment of domestic claims as shall render them and the practice of medicine by married women mutually compatible.' "

Writes Dr. O. C. Comstock, an honorary member of the State Medical Society, in 1893: "Fifteen ladies have received the degree of Doctor of Medicine up to 1880, chiefly at the hands of the college of homeopathy." Experience has demonstrated the wisdom of coeducation established in 1870 and "both officers and students in the University are now grateful that it was taken."[19]

The *London Lantern* was under the impression, in 1881, "that male doctors sometimes put their hands under the bedclothes and feel of a man's feet to see if they are cold. If a female doctor should do that it would give a man the cramps in the legs . . . " and if in auscultation her "eyes and rosebud mouth would be looking right in his face, and her wavy hair would be scattered all around there, getting tangled in the buttons of his night shirt, don't you suppose his heart would get in about twenty extra beats to the minute? Rather!"[18]

The story of Elizabeth Blackwell, the first woman physician in America, was told to the Calhoun County Medical Society by Dr. M. A. Garcia in 1879.[4]

"The first physician in Alpena was Mrs. Daniel Carter and from 1856 until about 1862 she was the only one here. She did not come for the purpose and did not intend to let it be known that she was familiar with the use of medicines and treatment of the sick, but she had hardly reached her new home before the services of a physician were in such urgent need that she could not refuse to render aid." She was "skilled as a nurse" from earlier contacts and in Alpena "performed a noble service" much appreciated by the pioneers.[12]

"Dr. Eliza M. Mosher, '75, first dean of women at the University, died October 16, 1928, at the Murray Hill Sanitarium at the age of eighty-two. Death resulted from a fracture of the left leg, suffered when she tripped over a rug and fell as she was entering Plymouth Congregational Church, Brooklyn, on March 2.

"Born in Cayuga County, New York, in 1846 of Quaker parents, who objected seriously to her medical inclinations, she displayed such avid interest in the work that she overcame parental objections. She entered the New England Hospital for Women and Children in 1866. Three years later, when Michigan opened its doors to women, the first state university in the country to do so, Eliza Mosher was one of the first five women to enter.

"After graduation she opened an office for private practice with a classmate, Dr. Elizabeth Gerow, '75, in Poughkeepsie, New York. Two years later she was made resident physician at the Massachusetts State Reformatory Prison for Women at Sherborn, Massachusetts. She soon resigned to study in Europe, later returning to the Massachusetts institution as superintendent. After two and a half years, an injury to her knee forced Dr. Mosher to resign and return to private practice.

"It was at about this time that her lecture work began. While still on crutches, she lectured for two semesters at Wellesley College, where a classmate, Alice Freeman Palmer, '76, was president.

"She came to Brooklyn with Dr. Lucy Hall, her assistant at the Massachusetts prison, for private practice, but in 1883 she went to Vassar College as resident physician. In 1886 she again resumed practice in Brooklyn.

"It was ten years later that Michigan called Dr. Mosher as its first dean of women. She also held a full professorship in hygiene and household economics until 1902, when she returned to the Brooklyn practice, which she continued until her fatal accident.

"She has given courses at Pratt Institute and Adelphi College; established a medical training department in the Union Missionary Training Institute, where she taught anatomy; taught at Chautauqua, New York, and was for twenty years first vice president of the Board of Directors of the Chautauqua Summer School and was a founder of the American Posture League. Her studies in posture have been considered important. She designed the seats in several types of rapid transit cars, and was the inventor of a kindergarten chair.

"Dr. Mosher represented the Medical Women's National Association, of which she was honorary president, at the International Congress of Medical Women at Geneva in 1923. She was the author of a book, 'Health and Happiness, a Message to Girls,' and for more than twenty years she had been senior editor of the *Medical Women's Journal*.

"More recently, in June, 1927, she turned the first sod for the construction of the new Women's League Building, in which there will be a room, 'The Eliza M. Mosher Hostess Room,' dedicated to her.

"In speaking of Dr. Mosher, Dr. William B. Bainbridge, of Gramercy Park, who attended her, said, 'Her name will stand out as that of one of the leading woman physicians in the world.' "[17]

"Dr. Blanche M. Haines followed Mrs. Perrin with the principal address of the day, giving the following history of the old trading post [Three Rivers]:

" 'Ladies and Gentlemen, we have invited you to assist, by your presence and your encouragement, the Abiel Fellows Chapter of the Daughters of the American Revolution in the ceremony of unveiling this boulder which marks the earliest civilization in Three Rivers.'

" 'There were only short distances to transport canoes from the waters of the St. Joseph to the headwaters of the Kankakee, the Wabash, the Raisin, and the Kalamazoo Rivers. The early French explorers availed themselves of these comparatively short cuts to the South and West, as well as to the East and Detroit.

" 'Friends and citizens of Three Rivers: It is with the greatest pleasure that the Abiel Fellows Chapter of the Daughters of the American Revolution present to you this boulder and tablet, marking the site of the old log French trading post.' "

The family of Dr. L. Anna Ballard of Lansing was patriotic. Four brothers enlisted when the war broke out (in 1861), one being but seventeen years old. One found a grave in Virginia, the others returned, all with battle scars.[21]

Dr. Ballard herself was but thirteen years of age when hostilities began. Had she been older it is probable she would have volunteered in the nursing corps—not that she ever expressed herself thus to me, but I know her. (C. B. B.)

"Dr. Ballard found a large field for thought and effort in the Women's Christian Temperance Union"; was president of the Central Union of Lansing. She was a member of an old literary society, the Lansing Woman's Club.

"In the winter of 1887, she led the effort with the state legislature to amend the law on the age of consent and succeeded in getting the age raised from ten to fourteen years. Her address at this time before the joint judiciary committee was an earnest, eloquent appeal."[21]

"Among my never-fading memories is the kindly, courteous way I was received by my brother physicians, the brotherly help of Dr. H. B. Shank and Dr. J. W. Hagadorn," writes Dr. L. Anna Ballard, who, after teaching a few years and later studying medicine, returned to Lansing in the spring of 1888. This pleasant reception "eased the path of those first few years, years of proverbial hardship to most young doctors and especially to a pioneer woman physician.

Dr. Ballard was a student with Dr. G. W. Topping of DeWitt; was graduated at the Woman's Medical College, Chicago, in 1878.

In an earlier day in gynecology reliance was not so exclusively upon surgery as became the vogue in the late nineties. Much was written of pessaries and no little ingenuity displayed in their manufacture. There was the pessary for anteversion, the pessary for retroversion, the stem for ante- or retro-flexion, the cup for uterine support. Shortening the ligaments for uterine prolapsus succeeded mechanical support and extirpation of the uterus for procidentia later appeared.

Similarly "treatment" for malposition and the incidental congestion attendant thereon was given by glycerine soaked tampons and by applications of various sorts to the cervix uteri. It is probable that a paper by Dr. L. Anna Ballard of Lansing before the State Medical Society on the "Treatment of Urethral Neoplasms by Injection of Carbolic Acid," and commended by Dr. J. H. Carstens in 1886 as "very valuable" and one that should not be lost, would be received in up-to-date gynecological society of the present period as the record of a temporizing and questionable performance. However, it is a thoughtful production well worth reading and gives a report of two cases treated successfully by this method instead of the treatment "universally recommended," and followed theretofore by the author, of excision and cauterization of the base with nitric acid.

Dr. Ballard writes,†

"In the American Medical Association Directory I find three very early names:

"Dr. Martha C. Strong, Jackson, Michigan, graduate Michigan University, 1875. Do not know if living. In my early years I had many consultations with her.

"Dr. Della Pierce, Michigan, 1890, Kalamazoo.

"Dr. Matilda Towsley, graduate Woman's Medical College, Pennsylvania, 1869: in practice in Kalamazoo in 1906."

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†Personal letter.

Dr. Matilda Towsley (1831-1915) was one of the first American women to become a regular practicing physician. She was an honorary member of the Kalamazoo Academy of Medicine.[15]

Under the caption "Lady Physicians" the *Journal Michigan State Medical Society,* 1915, announces that "the woman physicians of the Kent County Medical Society request the presence of the visiting woman physicians September 1, from four until six o'clock at the residence of Dr. Frances A. Rutherford, 55 Sheldon Ave. S. E."

This phraseology might be called "all things to all women and ladies."

Dr. Helen F. Warner of Detroit (1843-1905) in a paper before the Detroit Medical and Library Association published in the *Medical Age,* 1885, averred that she had never seen the necessity of tamponing the vagina in case of abortion or met with an ovum which she was unable to remove. She believed that cases where "hemorrhage keeps up after the uterus is entirely emptied are very rare."

She found the finger the best instrument to effect removal where the ovum was from six weeks to two months old. The finger or the finger nail accomplishes detachment. Dilatation is effected by the finger pushed up to the fundus and the uterus should not be dragged down with a tenaculum, but crowded down by pressure upon the abdomen. The finger "is softer, more intelligent," she said.

Her style in writing was vigorous, plain and emphatic—her personality strong and impressive, her attitude and deportment sincere. She was friendly, frank and a favorite among the members of the profession of both sexes.

Upon the subject of the prevention of conception, Dr. Helen Warner "had some convictions," and was "surprised to hear opinions so radical as those propounded by Dr. Gilbert, who thought it would not "endanger our civilization, our common Christianity." She did not hesitate, however, to advise prevention where pregnancy would be likely to cause death to the woman or where the patient was insane or likely to become so. "She felt less sure than Dr. Gilbert that any effective means of prevention would be harmless."

Dr. Gertrude Banks "thought the natural period of rest for the ovaries were the inter-menstrual periods. There may be cases where it is right to prevent conception, but she did not agree with many of the speakers tonight."[24]

Dr. Carstens had had only one case of hour-glass contraction and believed Dr. Hoke was right "when he said it was owing to neglect in the third stage of labor. When the child is born stick to the uterus and compress it during the pains till the placenta is expelled, making but little traction on the cord."

"Dr. Utter followed the method advocated by Dr. Carstens."

Dr. Helen Warner "usually when the case required, introduced the hand and gave a little twist, bringing the placenta away. Had never but once had a case of hour glass contraction."

"Dr. Deuel followed the same plan."[16]

Dr. Deuel was one of the early and influential members of the women physicians group in Detroit. I recall a highly intellectual woman patient in her care, who was afflicted with a psychosis. She was accustomed to refer to her as "Dr. Elizabeth *Lord* Deuel," placing strong emphasis upon the second name.

"Dr. Florence Huson of Detroit died August 8, 1915. She was one of the leading women physicians of the state and was founder of the Blackwell Society, having held the office of president for many years. She has also been identified with movements for the welfare of women and girls. She was a member of the Michigan State Medical Society and also affiliated with the Women's Free Hospital and Dispensary. Her death resulted from a stroke of paralysis."[15]

Dr. Delia Howe (1856-1922) was born in Lansing, Michigan, and received early education in the public schools of that city and at Albion College.

In 1872 her sister Gertrude went to China as a missionary in the Methodist Establishment and in 1879 Delia joined her there, returning two years later in ill health. As soon thereafter as she was able she entered the Woman's Medical College, Chicago, and on graduating therefrom received the appointment as assistant physician in the Cook County Asylum. Hers was the first appointment of a woman to such position in the State of Illinois. At a later period she served for five years in the State Hospital, Kankakee, and thereafter for three years in charge of the School for Feeble-minded and Epileptics in Fort Wayne, Indiana. Later still she was for a time connected with a sanitarium in Waukesha, and leaving there cared for two patients on a farm near Dimondale, Michigan.

She had become much interested in her sister's work in China and was materially helpful to her in financing ambitious undertakings. Among these was placing in the medical school at Ann Arbor two Chinese girls who were graduated therefrom, and became successful physicians—one at least, Ida Kahn, a surgeon of conspicuous skill and achievement in her homeland.

Ida Kahn, who was generally regarded an adopted daughter of Gertrude Howe, but not legally in this relation, was descended from a somewhat pretentious family and, fortunately, perhaps, in view of her later prosperous career, her horoscope had shown that she was admitted into the world under the "Cat Star," which signified that she would "rule her husband," and was therefore invalidated for entering into the holy bonds of matrimony. Pictures of her indicate that she was not so personable as was the other, Dr. Stone, of less distinguished ancestry. She adhered to the faith instilled in Methodist teachings but Mary Stone departed therefrom and sought clearer Gospel Light in a so-to-speak "Fundamentalist" organization which expectantly awaits the Second Coming.

In 1903 Dr. Howe published a book entitled "Mental Health for the Children of Tomorrow." Commenting upon it, a competent and discriminating appreciator, Mrs. Louis DeLamater of Lansing, writes, "Its literary style is of high grade and shows refinement, delicacy and thoroughness in the treatment of her subject." In a copy of the book in Mrs. DeLamater's possession there is pasted a circular letter signed by Herbert Hoover in 1923, announcing the merger of the American Relief Association, which had in four years "found support necessary to maintain life in upwards of 15,000,000 children," with the American Child Hygiene Association and the Child Health Organization of America and asking for continued contributions to the cause.

"With this habitual interest in child life," writes Mrs. DeLamater, "it was natural that she should join with her friend, Miss Winthrop, a dietician, in a business venture to provide sanitary lunches for the Boston school children." This project became an immediate and pronounced success, and from it she obtained a comfortable competence.

It is related by a physician, long a close personal friend, that Dr. Howe's resignation from one of the institutional posts was determined by the suicide of two of her insane patients. She was deeply distressed by this incident, an emotional attitude which would have failed of understanding by the young son of a well known superintendent. Extolling the merits and achievement of the hospital his father directed he declared boastfully, "We've had two thuithidals in our thylum."

In setting out on the "Great Adventure," as Dr. Howe termed it, she placed all her affairs in perfect order, wrote her own will and sought a new and unaccustomed environment. Among strangers in San Jose, California, her life closed April 19, 1922. Death occurred from tuberculosis. Her remains were cremated and the urn placed with those of her well-loved friend, Miss Winthrop.

"Dr. Kahn returns to aid famine victims—

"While in the United States Dr. Kahn visited the leading cities and traveled in more than half the states of the Union, lecturing in behalf of the Young Women's Christian Association and the Woman's Foreign Missionary Society of the M. E. Church. . . . She met with enthusiastic receptions . . . reports that Americans, both men and women, are deeply and sympathetically interested in China . . . found time to take some advance work in surgery at one of the leading universities in America . . . will reopen the Women's and Children's Hospital . . . is planning a flower show to aid the famine sufferers of North China. Her hospital garden is known far and wide for its variety of native and foreign flowers and shrubs."[23] (1920.)

Dr. Rachel J. Davison of Flint, deceased, specializing for many years in gynecology, a graduate from Cleveland Homeopathic College in 1882, traced her ancestry to one William Davison condemned by Elizabeth to lose his head at the time Mary of Scotland suffered such abbreviation of stature. Fortunately he was reprieved. The first representative of the family arrived in America in 1632.

Dr. Davison's father was a pioneer (1837), a Grand Blanc resident, her maternal grandfather a Revolutionary soldier, her father a "Jacksonian Democrat," a brother one of the captors of Jeff Davis.

Dr. Davison was regarded by her biographer "the complete mistress of her profession" and "considered one of the leading doctors in Flint."[22]

Dr. Helen M. Bissell was, in 1880, an assistant physician in the (then) Michigan Asylum for the Insane, Kalamazoo. Hers was, I believe, the first appointment in Michigan to such a position, but at about the same time Dr. Emma L. Randall from Norwich, New York, came to the institution at Pontiac. I remember well the discussions on the expediency and the probable result of such appointments. There were many misgivings but the outcome has been eminently successful.

Dr. Emma L. Randall resigned in 1885, after five years' service. She married and gave birth to a son. Her death was sudden and accidental.

Dr. Bertha Van Hoosen of Chicago, formerly assistant physician, Kalamazoo State Hospital, acting head of obstetrics, Loyola Medical School, contributed to the *Journal of Michigan State Medical Society,* July, 1919, a paper on "Scopolamine Morphine Anesthesia and Analgesia."

Dr. Herman Ostrander, medical superintendent of the Kalamazoo State Hospital, writes that "Bertha Van Hoosen came to this institution about 1890 as assistant physician. She is still living and I think doing consulting practice in Chicago and some operating."

It is my understanding that she achieved considerable distinction in surgical lines. (C. B. B.)

Dr. Bessie Earle, of Grand Rapids, was acting superintendent of the Ladies Union Benevolent Society, Grand Rapids, in 1888.[10]

She was born in Richland, Kalamazoo County, in 1856; was graduated at the Woman's Medical College, Chicago, in 1884, and afterward spent a year in the New England Hospital, Boston. For two and one-half years she was assistant physician in the Worcester, Massachusetts, State Hospital, and was for a time in the hospital of Dr. H. T. Byford, Chicago. She located at Grand Rapids in 1888 and was visiting gynecologist to St. Mark's Hospital in 1891.[10]

Dr. N. Louisa Andrus, born in 1850, married in 1867 to Dr. Charles A. Andrus (Los Angeles), bore to her husband five children, of whom but one survived, a minister living in Riverside, California.

A skillful obstetrician, she was visiting physician to Butterworth in this branch, and in diseases of children (1900); was also member of the board of education, of the board of the city federation, and president of the Equity Club for four years. She was a graduate of Toledo Medical College, 1887, and located in Grand Rapids the same year.[6]

Dr. L. Burton Jacques spent two years in training at U. B. A. Hospital, and in 1890 was graduated at the Indianapolis Physio-Medical College.

Her husband, a dentist, to whom she was married in 1892, succumbed to consumption and on his death in 1896 she entered practice in Grand Rapids.

She was examiner for the Ladies of the Tented Maccabees and member of the South End Literary Club.[6]

Mrs. Evans, who was graduated in the same class (1877) as her husband, Patrick H., in the homeopathic school, University of Michigan, "took up professional work and has built up a large practice both at her home

(Middleville) and in Grand Rapids." In the latter city she was accustomed to spend four days in the week and to the fact that she "is a lady of culture and refinement" is "undoubtedly due much of her success in acquiring patients, as none wish to employ other than a womanly woman whatever opinion may be had of her professional skill."[20]

Dr. Amanda J. Evans, a homeopathic practitioner in Grand Rapids, "became a student of medicine while yet a school-teacher, nature having implanted in her mental constitution an element which could not be satisfied until fructification had resulted."

She was born in Middleville, Barry County; was married in 1864 to "Patrick Henry Evans, a native of Ireland but of Welsh descent," and was the mother of two children. "Medical journals were her delight." (Editors of these take courage!) She was graduated at the University of Michigan in 1877, practiced in Middleville, then in 1889 "sought the wider field of Grand Rapids" where (in 1900) "her elegantly appointed rooms in the Tracy block are at all times thronged with patients." Her reputation "extended throughout the surrounding territory and her name has become a household word."[6]

A growing principle of her conduct that while "she conscientiously does her duty to her fellow-beings" she "places her trust in God alone" strikes the present reviewer as both expedient and praiseworthy. The present credit partial payment and "just say charge it" system is in his opinion overworked.

Dr. Frances Armstrong Rutherford, born in 1842, in New York State, was graduated from the Woman's Medical College, Philadelphia, in 1868, spending meanwhile one year as junior assistant in the New York Infirmary for Women and Children. She was "the first woman graduate of a regular medical college to settle" in Grand Rapids (1868), and was "elected by the common council, city physician in 1870, being the first woman to hold that office either in this or any other city in the United States."

With Sibelia F. Baker of Coldwater and Ruth A. Gerry of Ypsilanti she was elected to membership in the State Medical Society in 1872, "the first women so honored"; was made a vice president of that society the following year. She also had membership in the Grand Rapids Medical and Surgical and the Northwestern Medical Associations; was the first woman delegate to the American Medical Association.

She spent the winter of 1882-1883 visiting hospitals and clinics in Berlin and London "where every courtesy was shown." She enjoyed a large practice in Grand Rapids; was member of the Board of Censors of the Alumnæ of the Woman's Medical College of Pennsylvania; visiting gynecologist to the Union Benevolent Association Hospital.[10]

Dr. Emma Nichols-Wanty, born in Kent County in 1851, was house surgeon of the Woman's Hospital after graduating from the Woman's Medical College, Chicago, in 1880, was also assistant to the chair of physiology and lecturer on histology in that college for four years. She came to Grand Rapids in 1886; was married to George P. Wanty of the Grand Rapids bar.

She was visiting gynecologist to St. Mark's and the Union Benevolent Association Hospitals in 1891.[10]

Dr. Frances S. Hillyer, a homeopathic physician of Grand Rapids, was for a time resident physician of the Industrial Home for Girls, Adrian.[10]

Dr. Louisa M. Butts, a graduate from Cleveland Homeopathic College in 1870, settled in Grand Rapids in 1874.[10]

Dr. Phoebe A. French Alley, after graduating from the homeopathic department, University of Michigan, in 1879, practiced in Big Rapids, later in Grand Rapids.[10]

Dr. Kate Lindsay, of Battle Creek, was not in accord with the opinion of Lawson Tait and "most other authors of today" (1889) that "modern advanced education" is responsible for "the increase of female diseases." She finds it "difficult to understand the connection between pelvic congestion and a knowledge of mathematics and the natural sciences." She ventures the suggestion "that the sexual organs being under the control of a special cerebral center would be more likely to become over-excited and hyperemic from excitation of this center than by cultivation of the intellect."

She emphasizes the importance of local cleanliness with infants, points out the "way for disease and vice" through "evil companionship at school, novel reading, constipation, bad dress and bad food," and advises that young men "be educated to shun the gates of her whom the wise man says 'lead down to death.' "

In the discussion which followed, Dr. A. F. Whelan advocated early instruction of girls in "formation and physiological conditions," and Dr. G. H. Green wanted boys instructed also and to be informed how to impart such instruction. Dr. Carstens very much admired that paper but found it "a little too far fetched." Some women have mistaken their vocation and "ought to get married instead of trying to get a higher education." Dr. G. K. Johnson took "decided exception to one view advanced by the writer and so ably supported by Dr. Whalen" on education of girls "in the physiology of their sexual functions." He thought the view entirely erroneous and that "the less they know or think of their sexual functions the better." Dr. C. S. Cope found "disease and violation of law increased in proportion to the over-crowding of population." He advised "giving the girl a proper understanding . . ." and waxed eloquent. Let knowledge come not "unexpectedly and appalling as a clap of thunder," but as the seasons come, "joyful in anticipation; delightful in possession; full in fruition, and in happiness sublime."

Dr. Lindsay in closing thought "something of this matter as did the Apostle Paul, who said he knew whereof he spoke."

She insisted upon education of the mothers that they might pass on instruction to daughters. "This is the reason why I prepared this paper," she said.[25]

Comment thirty-nine years later—almost "forty," to employ a symbolic number—may seem supererogatory. The seed was sown and Dr. Cope's "fruition" is no longer an iridescent dream. Mothers, daughters and grand-daughters are all wise and, to reverse St. Paul, speak whereof they know. Has anything been gained—or lost? "Read the answer in the (movie) stars."

Dr. Kate Lindsay, whose name with that of Dr. Hawxhurst appeared in the sensational University-homeopathic squabble of '78 (*See* "Controversies"), contributed a thoughtful paper on "Water Treatment of Erysipelas" to the Calhoun County Medical Society in 1879.[4]

Dr. Montgomery "had seen disastrous consequences from the use of cold in this disease," and Dr. Fairfield agreed with him that it should be used with great care.

"One lady, Miss Utter, was among those graduated" from the Michigan College of Medicine of 1882.[3]

Dr. Lucy Utter was evidently fertile in expedients. She had had only one case of alarming post-partum hemorrhage. In this she raised the foot of the bed, used a sponge saturated with vinegar, and at last, for want of ice, introduced a snow ball into the vagina with good results."[24]

This method which for the period in which it was uttered, might be designated "seasonal stypsis," is now, thanks to the *Frigidaire*, available the year 'round.

"Mrs. Dr. Graves" practiced medicine in Bellevue for about a year.[11]

"Mrs. M. P. Havens" and "Mrs. Dr. Sprague" of St. John's are enumerated among the homeopathic physicians (1880).[14]

Dr. Flora H. Ruch, of Ypsilanti, read a poetic tribute to Dr. E. S. Dunster, of Ann Arbor (1888):[25]

Last night as down the golden arch of day,
Dark night fast followed after daylight fair,
So passed our brother from our sight away,
And left a vacant chair.

Before the noon was high he said "good night,"
Unshrinkingly life's lessons he had conned;
And the pure spirit winged its happy flight
To mysteries beyond.

With loving hands we laid the silent dust,
'Mid fragrant cedar crowned with noontide flowers;
And looking upward sang, "Thy ways are just,
Thy will be done, not ours."

To those who sit amid the solitude
Of darkened home, we shed the pitying tear;
Not farther may we on its grief intrude,
Love's shrine is there.

To many of our band now gathered here,
He was a teacher loved and honored long;
A trusted guide, a friend whom all revere
Just counselor and strong.

We almost feel his presence with us now,
We see his form, we hear the well known voice;
But walk with reverent tread and meekly bow,
For his are Heavenly joys.

How can we best our love and homage give?
How fitly honor friend so grand and true?
Except like him, in steadfast faith we live,
And life with love endue.

When the full tide of glowing light that fills
The heart of sunset, o'er the West is rolled,
And lingering, clothes the imperishable hills
With haziness of gold.

When titan night, her pinions gemmed with dew,
Flings o'er the earth her radiant starry chain,
From Sirius shining in the Southern blue
To the slow circling wain.

The spirit forms fill all the pulsing air
Beneath the solemn twilight's dusky stole,
And faint far spaces through the opening sphere
Flush crimson with a soul.

Dr. Flora H. Ruch in discussing a paper of Dr. George E. Ranney, of Lansing, on the "Treatment of Mastitis," reported an interesting case of abscess in the axilla where strapping, by pressure, after opening the abscess, caused cessation of the formation of milk and assisted in closing sinuses.

Dr. Mary E. Green, of Charlotte, born in Machias, New York, in 1844, "in some respects might be called a pioneer." In early life she worked for her board and schooling, at $1.00 per week, and did her best studying while she was engaged in housework. She possessed a homespun dress for winter wear, made by her mother, and for summer, one of calico. She taught school, "boarding 'round," for $2.00 per week. With her father's family she had come to Battle Creek in the '50s; later they moved to Barry County.

She was a student at Olivet College, paying for her board by doing housework. Later she entered Oberlin College, but soon after decided upon medicine as a profession and began study with Dr. E. R. Fish of Otisco.

In the autumn of 1865 she entered the New York Medical College for Women and was soon appointed chemical laboratory assistant and prosector in anatomy. She attended clinics at Bellevue Hospital. What this meant to a woman of that time "no student of today can guess. Miss Green at first met jeers, insults and hisses, but her quiet zeal and intensity of purpose" overcame all difficulties. "At first she was tolerated only because of real ability and such experience soon taught her that while mediocrity might be overlooked in men, for women it would not suffice."

She married a cousin, but was not deterred from pursuing medical study and, learning of superior facilities there, entered the Woman's Medical College of Philadelphia, whence she was graduated in 1868. She returned to New York and was deeply interested in medical mission work; organized a Free Dispensary for Women and Children which was so ably conducted that it was accorded city and state aid.

She was advised by the eminent Drs. Emily and Elizabeth Blackwell not to attempt to enter the medical societies, but she had "never known defeat," and made bold to apply for admission to the New York Medical Society. After a "heated discussion" she obtained membership; likewise later in the

Medico-Legal Society, but Columbia refused her application to enter its school of chemistry.

Two children were born to her. To give them better advantages she moved to Charlotte in 1873. She was twice health officer of the then village.

She taught her children industry and economy and appreciation of the "inner adornments of the mind." She was artistic and interested in painting and wood-carving. By "all she has been in the realm of wife and mother the theory that woman is unsexed by a study of the liberal sciences is refuted."

She has written in prose and verse. She was twice a delegate to the American Medical Association.[20]

Of a paper by Dr. Mary E. Green of Charlotte on "Hygiene of the Eye"[25] Dr. Frothingham said, "I consider this paper to be one of the most important and I think it will be read by some general practitioners"; and Dr. Bulson, "This paper is certainly one that is praiseworthy in every respect. I would like to see it in the hands of every school board in the state."

Women physicians had a large part in the State Medical Society meeting of 1896.

"The Mind in Its Relation to Health and Disease" was the rather momentous subject of a paper by Dr. Mary E. Green of Charlotte. Needless perhaps to say, the "relation" was not definitely established, although the Upanishads had made it plain enough that "when one believes one perceives; to him who sees, perceives and understands this, the spirit springs from self," to say nothing of hope and memory which also are apparently active in their knee joints and jump and cavort. Quite naturally "he who sees this does not see death nor illness nor pain,"—because all of his faculties are taken up in athletic exercise—but *au contraire* "he who sees this," rather surprisingly, "sees everything and obtains everything everywhere. He becomes a Svaraj"—that is to say, lord and master—"in all worlds especially self." This clears up everything mysterious about the Seattle girl.† She was evidently looking for a Svaraj—a lord and master.

Dr. Green discovers in the roentgen ray "deep significance" as being a "practical demonstration of a truth which has long been known to those who have been familiar with occult philosophy, namely, the control of the mind through the vibration of ether."

At present, Dr. Green admits certain laws are not definitely understood, because "we have not been sufficiently developed to appreciate or find them," but "the hypnotist is able to control thought and action and utilize his power to control disease" which may also be said of those calling themselves Christian Scientists, divine healers, faith healers, metaphysicians, et cetera. We are "mostly reaching after new things" and "the new woman who has been through the 'up-to-date' operating room and who emerges minus many parts" might have been "cured by mental suggestion."

"Concentration of the mind on something beside self was the first step towards cure," in that inner room "elegant and artistic in its appointments" where there were Turkish rugs, couches, tapestries, everything to suggest repose. The man and his wife knew nothing about medicine, but had an enormous practice and were lapping up from "people of wealth and culture" $3.00 per. "During a half hour or more stay not a patient raised their [*sic*] eyes from their reading."

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†Nancy Miller, an American girl of Christian parentage, caused a great deal of comment and newspaper notoriety in 1928 when she became the bride of the Maharajah of Indore and accepted his religious beliefs.

Dr. Green writes, "We *may* call this humbug." Page Los Angeles!

But Dr. Green didn't get away with it. Dr. Della Pierce of Kalamazoo thought "deifying our own instincts" and "making self the God-head" is a "sentiment which no well educated man or woman can accede to." She thought "this matter of mental therapeutics, whatever you call it, resting really upon the idea of *suggestion,* of the emptying of the mind of all other matters except the one idea, is capable of doing more harm than even the most ignorant practitioners."

"These mind-cure doctors," said Dr. Kellogg, "have adopted the theory of Bishop Berkeley that there is no such thing as material existence. They say there can be no toothache for there is no tooth to ache. So with reference to every disease. . . . They are surrounded by ghosts of maladies which they do not possess."

Dr. Green retorted that "Dr. Kellogg is just practicing this very method which he speaks against. . . . He simply tells the neurotics they are not sick and they can't be sick." She continued, "I am not a metaphysician. Still, I must confess there is something in this that we ought to understand, and we ought to be able to meet these very things that are being practiced so much by intelligent criticism."

Dr. Pettyjohn closed the discussion by repudiating "the idea that practitioners all over this land would take care of any patient for the paltry dollars that are in it." (Comes then several asterisks as when a piquant passage is deleted from a French novel.) And then, "It is my belief that when these patients do recover it is the result of the treatment they have received at other hands. But I will stop by saying that in my opinion Christian Science is like a guinea pig, because in the first place it is not a pig and in the next place it did not come from Guinea."

Dr. Emma D. Cook of Detroit contributed to the same meeting a paper on "Ichthyol and Some of Its Uses" and Dr. Jeanne C. Solis one on "Uterine Stenosis." Patients in the cases reported by Dr. Solis were treated by electricity, and in the discussion following, Dr. Metcalf of Detroit, said the same practice had been his for the "last six years" and he believed "there is no treatment equal to it."

The Detroit Medical and Library Association was always taking chances. It had the temerity in 1892 to discuss "Are American Women Degenerating?" What conclusion was reached doth not appear, but Drs. Helen Warner, Carstens, Mann, J. B. Newman, Stoner and Flintermann had something to say on the subject.

Dr. Ruth A. French of Ypsilanti read before the Sanitary Convention in that city, July, 1885, a paper on "The Management of Earth Closets," a "practical way out of the 'privy nuisance' for towns too small to have sewers and a general water supply. Earth closets deodorize the excreta; destroy germs of contagious diseases; and are necessary to individuals."[16]

The inquiry is of no little interest as to how much of this doctrine is valid forty-three years later.

Dr. Jeanne C. Solis of Ann Arbor read at the meeting of the State Medical Society in 1894 a paper on "The Use of Electricity in Inflammatory and Congested Conditions of the Uterus."[25]

Excerpts: "The generally prevailing methods of treatment," she contended, "by means of local medicinal applications, either dry or moist, combined with hot douches, can never in themselves effect a cure."

"The galvanic current exerts a physical, chemical, caloric and trophic action" and possesses in addition "an antiseptic and germicidal action."

"We must distinguish most carefully in all applications between the positive and negative poles, each having an action of its own. The positive pole is sedative, hemostatic, antiseptic and must be used when cataphoritic action is desired. It forms an eschar similar to that of caustics."

"The faradic current has a stimulating, nutritive effect and is sedative, if from a very fine coil."

She gives careful direction as to methods of application and is positive in her conclusions as became a student of the subject who was long an assistant in Dr. Herdman's well-equipped, electric laboratory.

Dr. C. Henri Leonard, of Detroit, in discussion said he was "a firm believer in the benefits of both the galvanic and faradic current in the treatment of uterine diseases" and stressed the need of good technic in administration.

Dr. Eunice J. Avery, of Coldwater, died in 1895. She was for two years resident physician of the State Industrial School and later enjoyed a "large and lucrative practice and was one of the most successful physicians in the city" of Coldwater.

She was an "earnest and most conscientious student," possessed dignity of manner" and a "most charming personality."[25]

Dr. Elizabeth M. Farrand (1852-1900), born at Ann Arbor, March 31, 1852, died at Port Huron, Michigan, August 17, 1900, from cancer of the breast.[25]

The following deserved tribute to this estimable woman highly accomplished in literary as well as medical lines was paid by her sometime associates in practice, Drs. C. B. Stockwell and C. C. Clancy of Port Huron:

"After graduating from the Ann Arbor high school, she pursued her literary studies in Ann Arbor and became assistant librarian of the University, a position she held for fourteen years. During her service as assistant librarian, she published a history of the University of Michigan. Having decided to become a member of the medical profession she began her studies in the medical department of the University of Michigan, from which institution she graduated in 1887. Following her graduation Dr. Farrand became a resident physician of the Woman's Hospital at Detroit, for a period of one year, and then took up her residence in Port Huron, Michigan.

"She was at one time president of the Northeastern District Medical Society; the Ladies Library Annex, and the Academy of Science. Dr. Farrand's family were among the earlier settlers of the State of Michigan, her grandfather, Bethuel Farrand, having settled in Washtenaw County, in 1825. The Farrands were of Revolutionary and Colonial descent, for the doctor became a member of the Louisa St. Clair Chapter, Daughters of American Revolution, and of the Colonial Dames. She was the daughter of Lucius T. and Frances Shaw Farrand. Dr. Farrand, not alone was a popular member of the medical profession, but she numbered among her friends practically every one in Port Huron who had the honor and the privilege of her acquaintance. Her ideals were of the higher class and her virtues but reflected her accomplishments. She was truly a noble woman."

Of another woman member of the Port Huron profession, Dr. Clancy writes:†

"Dr. Sarah E. Connor was a native of the State of Michigan, having been born at Utica, Macomb County, in the year 1864. In early childhood and ever afterwards she found her greatest pleasure in the study of the things about her. So that it was natural for her to take up the teaching profession, because of the fact that it kept her active mind busy. In this occupation she spent a number of years, and accomplished much for the benefit of her pupils. Later she entered the University of Michigan in the medical department, and graduated from that institution in 1896, having enjoyed the satisfaction of a high standing in her studies there.

"Dr. Connor located in the city of Port Huron in 1910, and during her residence here she succeeded in earning for herself a prominent place in the ranks of her chosen profession. Her ambition was to attain an advanced position in the medical profession and, therefore, she spent one year in Germany in pursuit of that object."

Among the graduates who received from the Michigan College of Medicine the "degree of doctorate" in 1881 at Whitney's Grand Opera House "filled to overflowing with a brilliant assemblage," is one woman, Anna S. Rankin of Detroit.[18]

Mrs. K. C. Betts and Anna J. Jeffries were homeopathic physicians in Lansing in 1880.[11]

Dr. Eva J. Outwater, of Bronson, died January 9, 1906.[9]

Dr. Sarah A. Beardsley, of Jonesville, elected to membership in the State Medical Society in 1884, died two years later.

"Mrs. Doctor King," as she was affectionately called by her neighbors in Flint, practiced medicine there for many years.

Dr. Sarah Gertrude Banks, of Detroit, was graduated at the University of Michigan medical department in 1883. She was successful and esteemed.

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†Personal letter.

The Woman's Auxiliary of the Michigan State Medical Society held its first meeting under the presidency of Mrs. Guy L. Kiefer at Detroit, September 27, 1928.

By-laws were adopted and the address of the president followed.

She advocated:

1. Assistance in promoting medical legislation.
2. Coöperation with the State Board of Health in organizing county health units.
3. Coöperation with the extension division of the University of Michigan in its public health education program.

The recommendations were adopted.

Dr. Lillian Smith of the Michigan Department of Health gave an interesting address on "Maternal Mortality in Michigan."

The following extracts are from the proceedings of the above meeting:

> "The president then introduced Dr. Lillian Smith of the Michigan Department of Health who talked on 'Maternal Mortality in Michigan.' Her paper was most interesting and her audience was entirely wrapped up in her message. At the conclusion of her address, Mrs. J. R. Rupp of Detroit made the motion, which was seconded, that the secretary write the State Department of Health asking the department to send each county medical organization suggestions and recommendations for the auxiliary, sanctioned by the county medical organization, that will enable each auxiliary to carry on practical work in reducing the maternal death rate therein. Carried.
>
> "There being no further business the meeting was declared adjourned.
>
> MRS. J. E. MCINTYRE, *Secretary.*

Dr. Mary Williams of Bay City in 1919 said in discussing Dr. Reuben Peterson's paper on "When Is Sterilization of Women Justifiable?":

> "I have a case of a woman who has two children and she has had, I think, about four or five miscarriages. Two or three have been in the early months. The two last times she has gone seven months and she came in the other day and said she had been advised to have her uterus removed. She had a badly lacerated cervix and I advised her to have that repaired and see if she could not go through a pregnancy. She wants children, has tried in every way to have them. The last miscarriage was in April when she had influenza, but she has done this every time. She says she simply has some feeling in her side as if something slipped down and then she is in labor. I advised her to have some operation on the cervix and see if that would not remedy the condition."[15]

Dr. Mary A. W. Williams (nee Mary Achsah Whitaker), (1853-1928), wife of Dr. Walter W. Williams of Bay City, to whom she was married in 1872, was descended from an English family whose coat-of-arms "with a white horse as the crest" bore the motto "Faith conquers and truth retains." Her great-grandfather was a Revolutionary soldier and his son was in the War of 1812.

She graduated in medicine from the University of Michigan in 1891. and during her last year was assistant in gynecology. She practiced medicine in Eaton Rapids until 1897, thereafter in Bay City.

She "was brought up according to the old ideas—that is, to build up an honorable character which is better than wealth, to meet the emergencies of life."[8]

Dr. Mary T. Stevens of Detroit talked before the League of Women Voters in 1921 on the "Proposed Bill to Establish Farm Colonies for the Feeble Minded."[15]

The following is an excerpt from the proceedings of the County Secretaries' meeting which appeared in the *Journal of the Michigan State Medical Society,* June, 1928:

> "Dr. Ward: There is one subject that has not been touched on, which is the subject of the ladies' auxiliary. One of my daughters married a doctor in Bay City a year ago last winter, and I have heard her say so many things about Dr. Foster, whom I first met today, that I should like to have him tell us something about the ladies' auxiliary in Bay City. She says they have wonderful times up there.
>
> "Dr. Warnshuis: May I precede Dr. Foster for a moment and state that the State Council and the House of Delegates have endorsed the movement and sponsored the organization of the Michigan State Medical Society's Woman's Auxiliary and that the present officers are Mrs. Kiefer, president, and Mrs. J. McIntyre of Lansing, secretary. They have written and are writing to the various county societies, urging the organization of auxiliaries, and they are going to have a state meeting of the ladies at the time of our state meeting here in September.
>
> "If you haven't in your county society appointed a committee to arrange for the organization of a local auxiliary, you are urged to do so by your Council, and then to get in touch with Mrs. Kiefer or Mrs. McIntyre. The auxiliary can be made a potent aid to the secretary as well as to the county society.
>
> "Dr. Foster: I thought human nature was the same all over, but I find that we differ from Dr. Marsh's outfit in that he says most of his members won't talk and discuss. Up in our country we try to keep them from talking. I have been trying to keep quiet today to see what I could learn.
>
> "We found our attendance going up, for no reason that was apparent; it surely was not the secretary's fault. The first thing we noticed, the women were meeting the same night the men were, and there was nobody home to get the supper, so the men had to come to the meeting. It is a fact that the men came to the meeting because there was nobody home.
>
> "The women, probably due to their intuition, have suddenly become imbued with the idea that the county secretary is the work horse and that when their notices are to go out and things of that kind are to be done, he is a pretty good fellow to do them. That started in our county, but I believe it has been headed off.
>
> "We have really found that the woman's auxiliary has been a big boon to our attendance simply by meeting the same evening at a dinner meeting, but at some other place, not at the place the men meet."

Alice J. Smith (Hayward), who married Dr. Abner Hayward at Mt. Clemens, "read medicine with her husband, attended the medical college at Detroit, and is a skillful practitioner" (of homeopathy in 1882).[13]

Dr. Amy Kimball practiced in Jackson from 1877 to 1900.

Dr. Martha C. Strong practiced there from 1875 to 1926.

Dr. H. Belle Ball practiced homeopathy in Jackson during a portion of the last decade of the nineties.[2]

"The following scrap of conversation between a female physician and a patient, as given by the *Canadian Practitioner,* is calculated to show that the practice of general medicine, always precarious, is peculiarly so when the practitioner happens to be a married woman. 'Doctor, I have come to see if you would attend me in my coming trouble?' 'Certainly; when do you expect to be confined?' 'On the fifth of February.' The doctor turned to her obstetric list and found that she had a previous engagement for that date, for she replied: 'I am sorry, very sorry, that I cannot. That is the day I expect to be confined myself.' "[16]

"A writer in the *Detroit Lancet* having inflicted on the profession a most scurrilous bit of most execrable and witless doggerel on the female physician, a lady reader with whom the Muse is clearly not unacquainted" sends to the

Medical Age a communication from which the following stanzas are extracted:

> "He writes of an ancient maiden
> With a poet's (?) fervid pen,
> And wonders that withered spinsters
> Attempt the work of men.
>
> "He can only give as a reason
> Their lonely and desolate state,
> Deprived of a fitting companion
> And lacking a masculine mate.
>
> "He writes of her plain appearance—
> Is beauty a test of worth?
> If so, O! few are the mortals
> Of the slightest use on earth."

"The emancipation of women [*sic*] from neurasthenia, from hysteria, from the thousand aches and pains to which she is now heir can come only with her emancipation from stays,"[4] writes Anna H. Stewart, M.D., of Battle Creek.

Emancipation was slow in coming, but it's here and "we shall see what we shall see"—or, possibly, what is not yet obvious.

THE STUPENDOUS ACHIEVEMENT OF A WOMAN PHYSICIAN OF MICHIGAN†

"It is fortunate that I am a soldier's daughter," writes Dr. Mabel E. Elliott in "Beginning Again at Ararat," and fortunate, indeed, was the father to have begotten one of such indomitable courage, devotion to principle and duty, adaptability, poise and judgment under catastrophic conditions which would have overwhelmed a lesser soul.

The profession of Michigan may well be proud to have numbered her in its ranks. Born in England, she received preliminary education in Florida and at St. Agnes School, Albany, and was graduated at Rush Medical College when but twenty-two years of age. "I can never tire of talking about her," said a discriminating and dependable observer who was a sometime neighbor in Berrien County where Dr. Elliott located in the practice of medicine. "Her personality was most attractive, her voice was musical, one of the most delightful to which I have ever listened; she had a wealth of light hair, prematurely grey, was alert, vigorous, and tireless. Her attitude toward patients was marvelous and she was resourceful in their care. I can never forget her devotion in the case of a child in our family who was seriously ill. Day and night she attended him with the utmost solicitude and her efforts were rewarded. She was highly esteemed, there was universal confidence in her medical ability, and she developed a large practice among the most enlightened people of the community. Her departure therefrom was the occasion of deep regret."

Sent by the American Women's Hospitals to the Near East, she traveled through Turkish territory to Marash in Cilicia, where in the mountain fastnesses remnants of the Armenian peoples, persecuted for centuries, pawns on the chessboard of European politics, had taken refuge. Transportation was in box cars, seven of which contained medical supplies, it being necessary to safeguard these at every stopping place lest they be detached by Turkish marauders or bands of nomads. Marash is distant from the railroad 150 miles and supplies from the nearest available station, Aleppo, could be transported only by means of trucks or camel caravans. Such difficulties were overcome, her hospital was established, and with the assistance of a personnel for the most part Armenian, including an accomplished surgeon, Dr. Artine, was soon of extraordinary service to a large clientele without regard to racial connection.

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†A review of "Beginning Again at Ararat." Fleming H. Revell Co., 1924.

The British at that time were in command of the situation and their authority was grudgingly respected. But soon came the inevitable political and diplomatic clash. The European Christian allies, whose duty it was to sustain their Asian Christian ally, that had battled with the Unspeakable Turk in their cause during the World War were found wanting. Overcome, the Armenians in large numbers had trekked as refugees to the mountain locality only to be as usual sacrificed in the end to European interests (oil, railroad and what not).

The British retired, and, regrettably, with a suddenness that gave their French successors insufficient opportunity to stabilize and consolidate their position. Dr. Artine foresaw the peril; he realized all too well, from the teachings of history, what the future had in store, and refused to be comforted by Dr. Elliott's optimistic opinion that the situation was well in hand. "The war is over and the Allies in control," she declared—and so it seemed, but Dr. Artine was unconvinced.

The French whose Crusader forebears had been supported by the Christian mountaineers, but who, feeling secure in their position, eventually turned upon these allies, succeeded the British but, alas, someone had permitted to the Turks access to German implements of warfare.

> "The French openly said that the English had armed the Turks before leaving Marash or, at least, the English had either purposely refrained from thoroughly disarming the Turks or that after disarming them and receiving orders to leave they had left the collected rifles and ammunition in places where the Turk could find them. I have only one thing to say about this question, the English officers in Marash were gentlemen and our friends; the French officers were gentlemen and our friends. I cannot believe anything unworthy or dishonorable about either of them. But this I do know, the responsibility for what has occurred in Turkey since that time rests on those men who were meeting in diplomatic conferences in Europe. The details do not matter."

Too late to be helpful in withstanding the assault of the Turkish Kemal's troops, the Armenians were given weapons and fought valiantly. In the end what was due to arrive, arrived and when in bitter winter weather the French retired there were in their train a stream of refugees; of five thousand Armenians who had left Marash, a third only of them lived to reach Islahai.

The situation of the hospital during the nineteen days' bombardment, the experiences encountered in retreat with the French to Islahai over the mountains are chapters of horrors which to be fully appreciated should be read in Dr. Elliott's book. It is a sincere, thoughtful, and utterly convincing bit of literature written in masterful style.

> "All the way Lieutenant Van Çoppanolle urged me to ride; I could have had a horse or place in a wagon. But I was not so tired as the soldiers, and very much more fit than any of the thousands of Armenian women and children.
>
> "The swirling snow was so thick that we could see only a few feet and that with difficulty. Four thousand men were trying to get into line, more than five thousand refugees were struggling in the confusion and terror. Screams of horses, shrieks of women who could not find their children, wails of children wallowing in the snow alone, creaking of gun-carriages, shouts of officers and men, sudden looming up of camels that grunted and bit . . . Impossible to find anyone to do anything. We got somehow into the frantic line and started on the long tramp. It lasted fourteen hours.
>
> "Armenian women have a way of carrying their children on their backs, holding the two hands clutched against the mother's breast and the child's weight on the bent back. Where children are carried in this way almost always one sees their little bare feet side by side. Even now I cannot bear to see children's feet. I cover them up whenever I have time and can reach them . . . The child was certainly dead and she did not know it. . . . The body fell and the mother went on blind and deaf as before . . . This was the first one. There were perhaps fifty more after that, always the same.
>
> "He could not break the chocolate and she could not bite it. "I have a piece in her mouth, my lieutenant,' he said, 'but she can't swallow.' "
>
> "The things I felt and saw, multiplied by thousands, made up the experiences of the column that crawled from Bel Pulvar toward Islahai when the French evacuated Marash. This was something, a very tiny fractional part of the price the Armenians of Turkey paid and are still paying for the mistakes and quarrels of the Allies since 1918.
>
> "Seven hundred years ago the Crusaders took Jerusalem in the name of Christ and looted it of gold and silver and rugs and women, while their horses' legs were drenched to the knees in blood. After seven centuries General Allenby re-takes Jerusalem. All that the Allies do is to cut up living Turkey on a map, and then quarrel over loot of oil wells and railway routes, and new territory until the Turk rises and drenches Asia Minor with the blood of their soldiers and their helpless tools and dupes, the Armenians."

And read what she further says about a diplomatic matter: "I did want the United States to take the mandate for Armenia but I am glad now that we did not do it."

In her journal during the nineteen days we read: "The next thing was that Varton was wounded. We took in more than a hundred refugees from Varton's house. His wound is not dangerous, a shot in the thigh. We operated; had to lay the flesh open from hip to knee but he will be all right after a few weeks in bed."

The nonchalance of it—and this written from a building, the hospital, the object of persistent fire for days and the walls of which came eventually to be punctured to look like "a colander from their shots."

"How shall we disentangle the snarl, how divide the praise and blame?" Dr. Elliott writes. "Here in the Near East greed for possessions and power is the only motive; getting possessions and power is the only glory. . . . This was the end of that group of Armenian people who made the Kingdom of Little Armenia. In all Cilicia to-day, there is hardly a living Armenian. Marash is a desolate city burned and depopulated."

Was Dr. Elliott dismayed by the experiences recorded? Not at all. In December of the same year we find her opening a hospital in Ismid. Here the "interests" of all the Powers clashed—particularly those of the Greeks and Italians. One by one all withdrew. Treated most encouragingly by the Turks with promises of complete coöperation, her hospital stores were plundered, she was handicapped by the wretched passport regulations and was helpless in the absence of the Greeks and Armenians upon whom household service depended. Eventually the tires from a motor truck used in carrying supplies every day to five thousand civilians were stolen. The officer to whom she complained offered money in payment. This she declined as of no use. "Our truck cannot run without them. This is a most serious calamity because we need the truck every day for our work. Can't you find the thieves and bring back the tires?" To this he replied, "I should be glad to do so, Madame, but unfortunately the tires are on my car and I am this moment starting for Angora. I have not an instant to spare. There is no time to take them off.' "

And next "into Soviet Armenia." "I went to the Caucasus because the medical work there was increasing. Medical work in wartime is largely emergency work. When wars end the had medical fight begins. The harvest of war is disease and epidemics kill thousands where bullets have killed hundreds."

Thus writes Dr. Elliott, "When our grandfathers were young, Alexandropol was a little Armenian village named Gumri." It belonged in the year 1800 to the Kingdom of Georgia. "Apparently nothing remains of the city but ruins."

Georgia was acquired by the Tsar of Russia in the usual manner about half a century ago. In 1905, the Russian government confiscated the Armenian Church treasure. And in 1920 the Turks came through the post-war turmoil "like a knife through butter."

The story of the devastation of Armenia, of the twenty-five thousand orphaned children in the then posts of Alexandropol is the last word in the ghastly.

And of Near East Relief—"this adventure of American organization" —a "bit of modern America inserted between two chapters of the Old Testament" which "handled food and shelter and education and hospital care" should be read and pondered.

> "As a Communist, every government official hated the Americans; as a man and an Armenian he was grateful to them for saving the life of the Armenian people. Every American who was working overtime to do this hated Communism but could forty thousand helpless children, whose lives had just been saved by desperate efforts, be abandoned again to disease and starvation?
>
> "In Armenia we found the medical relief of forty thousand children on our hands. I mean this literally. There was not one healthy child among them. . . . All the children had the contagious diseases of favus and trachoma." The inside of the eyelids of eighteen thousand children were rubbed daily with a copper pencil—"treatment for trachoma, the disease that blinds—and every child had his own copper pencil numbered and filed in a box."

But this book review has already exceeded reasonable length. Later chapters on the "Blue Babies," on the Boys' Camp at Kaferloo, and having to do with the discouragements and vicissitudes of these modern Samaritans who were rewarded by the sight of forty thousand children "growing up under America's care, beginning again at Ararat" must be omitted; also her later thrilling experiences in the evacuation and burning of Smyrna after occupation by the Turks with which the present book does not deal.

The reviewer knows of no accomplishments in the purely altruistic field of medical endeavor superior to those of this heroine whose "wealth of white hair crowns a head comparable in sublimity with the lofty Ararat covered with eternal snows."

"Dr. Mabel E. Elliott, of Benton Harbor, has received notification of her assignment to the military hospital in France."[15]

Dr. Aileen B. Corbit is engaged in writing a history of Oxford, Michigan. (*See* Volume I, Page 451.)

A bit of early history concerning women physicians in Michigan appeared in the *Detroit Free Press,* June 24, 1930, in the report of a dinner meeting of the Medical Women's National Association held in Detroit:

> "At the dinner Monday evening, Dr. Mary Thompson Stevens, of Detroit, spoke of pioneer women doctors in Michigan, mentioning the mother of Chase S. Osborn as the first woman to practice medicine in the state. Dr. Lucy Arnold was one of the first to practice in Detroit. Another pioneer was Dr. Frances Helen Warner, the first woman doctor to have been graduated from the University of Michigan, and also a member of the first graduating class of Vassar College. Michigan also had the distinction of sending the first women doctors to begin medical work in China."

Although Dr. Anna Howard Shaw whose one hundredth birthday anniversary was celebrated by the Woman's Medical College of Philadelphia February 14, 1930, may not be regarded as more than very distantly related to Michigan medicine, her youth was spent in the North Michigan woods. She received early education at Big Rapids and Albion and her autobiography, "Story of a Pioneer," is an absorbingly interesting tale of pioneer life in this state. It is a story of triumph and high achievement among extraordinary difficulties. Through sheer fortitude and determination, she acquired recognition and ordination in the Methodist ministry and became exceedingly influential in the woman suffrage and temperance movements.

"It came to pass," writes Mrs. Crane in the *Journal of the Michigan State Medical Society* for May 1930, that having graduated from the theological department of Boston University she was quickly "convinced that the work she wanted to do among the poorer and more neglected of her flock could be much more effectively done if she knew how to help their bodies as well as their souls." Hence she returned to the university, there received the degree of M.D., and became a pioneer in the missionary field in her own country. "At Paris, a few miles from Big Rapids (where there is now the State Fish Hatchery) was once the little log cabin of the Shaws in which Anna and her mother and sisters carried on a difficult and adventurous life while father and brothers were fighting in that other great war."

Dr. Florence Chadwick died October 31, 1929, at her home in Bridgewater, Connecticut, following an illness of several months. Dr. Chadwick was born in Massachusetts on November 13, 1878, and received her early education in the Boston schools. She was graduated from the University of Michigan medical school in 1912; spent her interne year in the New England Hospital for Women and Children; and later was resident physician at the Woman's Hospital, Detroit, Michigan. Following this she established her office in Detroit and practiced there for the last sixteen years. Dr.

Chadwick was a member of Sigma Chi, and Alpha Omega Alpha, honorary scientific fraternities; of Alpha Epsilon Iota, medical sorority; was a member of the State, County and American Medical Societies; the Blackwell Medical Society of Detroit; and a Fellow of the American College of Physicians.

At the time of her death she was attending physician at the Woman's Hospital, junior attending at the Harper Hospital outpatient department. She was also examining physician for the Visiting Nurse Association, for the Children's Aid Society and consultant for women at the Highland Park High School.

Dr. Annie Stevens Rundell, of late years in practice in Mayville, was formerly a resident of Flint and sometime physician to the children at the Michigan School for the Deaf. She was useful, painstaking and competent in her profession—a graduate of the University of Michigan—and well liked in the medical fraternity and sorority of Flint.

She was a lover of children and a fancier of dogs. Lurking somewhere in my visual memories is an indelible picture of Dr. Rundell and my daughter, Ernestine, in the former's phaeton, driving east on Kearsley Street oblivious to passersby, each holding in her lap an English bull terrier pup.

Ours as he grew up developed belligerent traits of character and became a successful scrapper. He was essentially non-pacifist and entertained the belief that the best defense consisted in striking first. He lasted much longer than his brother who came in collision early in life with some modern vehicle of transportation operated by a "motuh" mechanism. His countenance bears a pinched look (*See* Volume 1, Page 601) but this is a fault of photography. It was as a matter of fact quite "open."

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Chapter VII

The Michigan State Medical Society

Wyandotte, Jan. 27, 1859.
Dr. N. M. Thomas:

Dear Sir: I have the honor to notify you that at the last meeting of the State Medical Society, held at Lansing January 19th, you were on motion of Dr. Gunn, elected an honorary member of that society.

Yours respectfully,
E. P. Christian, *Secretary.*

—History of Kalamazoo County, Page 122.

"Our object is not to give a catalogue of the learned men and their writings but to study the literary and intellectual transformation that their work brought about."

—Professor Pasquali Villari in *Life and Times of Machiavelli.*

CHAPTER VII

Michigan State Medical Society

By C. B. Burr, M.D., Flint, Michigan

First Michigan Territorial Medical Society†

IN THE custody of the medical library department of the Detroit Public Library is a volume in manuscript which is at least one hundred and nine years old. It is thirteen inches long by eight inches wide by one inch thick, board cover with leather back. It shows evidence of both its age as well as years of careful use. The handwriting is very legible, written at a time when writers wrote with "miser care." The ink is faded to a rich brown. Title of the volume, written in a bold hand, is "Laws and Ordinances of the Medical Society of the Territory of Michigan." The text occupies seven pages closely written, concluding with copies of the signatures of Lewis Cass, Governor, A. B. Woodward and John Griffin, both judges of the Territory of Michigan. The Territorial Medical Society was organized at Detroit January 11, 1820. The articles of organization bear the signatures, copies of which are presented here, of William Brown, Stephen C. Henry, John L. Whiting, R. S. Rice, E. Hurd, William Thompson, Harry Conant, Marshall Chapin, Cyril Nichols, Amasa Hemenger, A. Edwards, Zina Pitcher, Ezra Parke, William Witteredge, David E. Lord, J. C. Davis, Justin Rice, C. W. Reid Webb, Henry Bradley, Ephraim Adams, Thaddeus Thompson, Lyman T. Penny, Thomas B. Clark, H. Loomis, John Hendrie, John Drake, Sterling W. Allen, Dennis Cooley, C. McCollum, David L. Porter, Douglass Houghton and Robert McMillan.

"This book served as a record of the minutes of the annual meeting to January 14, 1851, when the last entry was made. The remainder of the book, comprising about one hundred pages, is left blank. This year (1851) the officers were: Dr. Zina Pitcher, president; Dr. J. Paddock, vice president; Dr. R. S. Rice, treasurer, and J. B. Scovell, secretary. At this annual meeting the principal event was the reading of an "interesting" paper on delirium tremens, supposed to have been induced by an excessive use of tobacco. Dr. Pitcher was appointed a committee from this society to attend the next examination of candidates for M.D. at the university. The meeting then adjourned.

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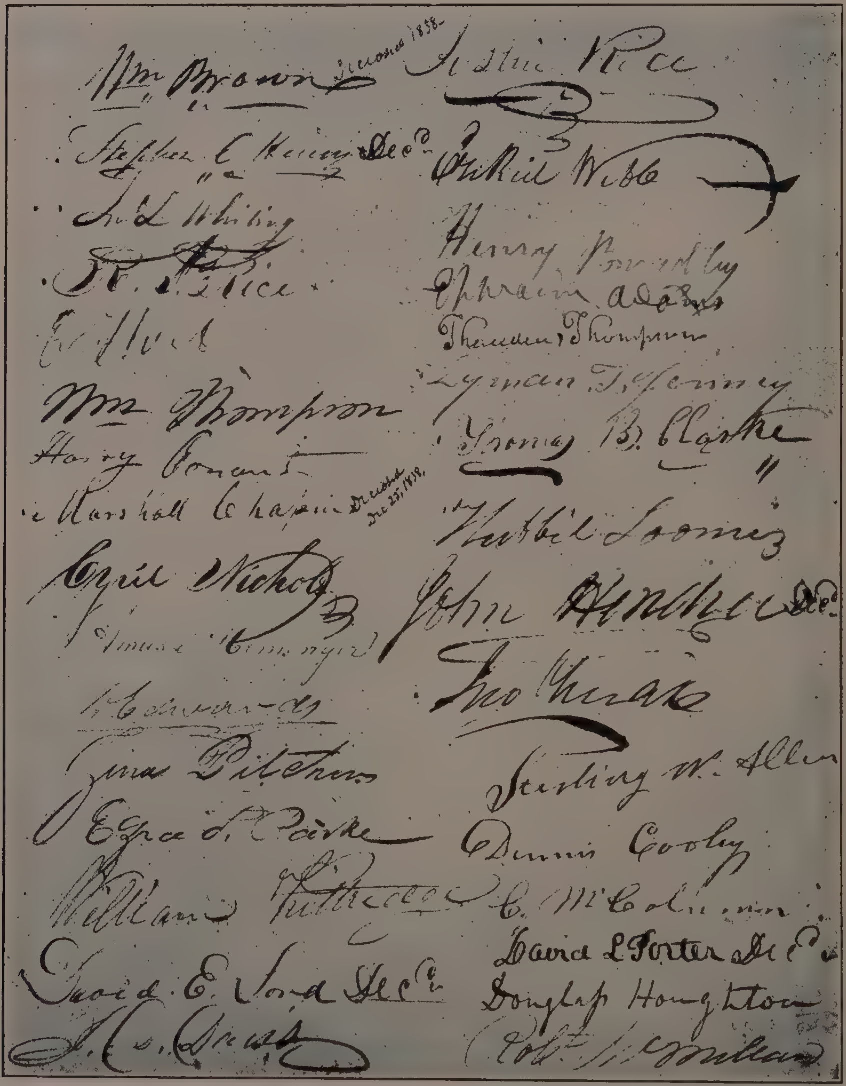
†Written by Dr. J. H. Dempster, Detroit, Michigan, and published as an editorial in the *Journal of the Michigan State Medical Society,* December, 1929.

"From the humble beginning of one paper read at an annual meeting of the Territorial or State Medical Society, approximately sixty-four papers with discussions were presented at the last annual meeting of the Michgian State Medical Society. The Journal, which began humbly in 1902 (*See* Volume I, Page 646), attains approximately 900 pages of reading matter exclusive of advertising, which is the largest volume ever published by this society in a single year."[7]



Wm Brown Deceased 1838
Stephen C Henry Decd
J. L. Whiting
Wm Thompson
Henry Conant
Marshall Chapin Deceased Dec 25, 1838
Cyril Nichols
Zina Pitcher
William
David E. Ford Decd

Justin Rice
Henry
Ephraim Adams
Thaddeus Thompson
Lyman
B. Clarke
Hubbel Loomis
John Decd
Sterling W. Allen
Dennis Cooley
C. McCalman
David L Porter Decd
Douglass Houghton
Robt McMillan

Facsimile of Signatures Appended to the Constitution and By-Laws of the First Michigan Territorial Medical Society, Dated January 11, 1820.

The Michigan State Medical Society

"The inquiry is re-echoed from all parts of our state, why have we no State Society? And many are the regrets that we have as a profession no organization, no community of action, but lie open to the attacks of quackery, because we are disunited. It will be found that where there are flourishing societies, and a pleasant commingling of the profession for mutual advancement in science, there irregular practitioners and knavish humbugs have little success. It is to the societies of Grand Rapids and the 'Northeastern District' that the credit for taking the initial steps in this matter is due. It is proposed, as we understand, that a convention of physicians be held at some convenient point in May or June next, for the purpose of organizing the society; and that its first regular meeting be held some time next winter, at Lansing, during the session of the legislature."[9]

Further on in the editorial are given the names of the officers of the Grand Rapids City Society: Dr. A. Platt, president; Dr. Henderson, vice president; Dr. G. K. Johnson, corresponding secretary, and Dr. Wood, recording secretary; also those of the recently organized Saginaw Valley Medical Association: Dr. M. C. T. Plessner, president; Dr. M. M. Wheeler, vice president; Dr. L. W. Bliss, secretary; Dr. T. T. Hubbard, treasurer, and Drs. John B. White, J. H. Jerome and B. B. Ross, censors.

It was lucidly said by Dr. William Brodie, "Societies are the forum upon which observations are compared and tested, the school wherein is learned the changes and progress of diseases and the remedial agents valuable in their treatment, where intellect is matched against intellect, and where the neophyte learns to express himself and take confidence in his demonstration before his fellows. They are the training school for public teachers, and he who takes an active part in their growth and usefulness receives in return a facility of expression that enables him to speak with such confidence that will command attention."[10] (Presidential Address, Wayne County Medical Society.)

Two accomplished and erudite ex-presidents have eased the yoke and lightened the burdens of Burr, through painstaking research into the history of the Michigan State Medical Society—Leartus Connor of Detroit, president in 1902, and Reuben Peterson of Ann Arbor, holding that office in 1915. The second in his presidential address pays tribute to the first in the following words:

> "Dr. Leartus Connor, in his presidential address at the Port Huron meeting in 1902, gave a most admirable review of the work of not only our present State Society but the medical societies which preceded it. In fact this review of state medical society work in Michigan during eighty-three years is so complete as to make the task of the present reviewer comparatively simple as far as medical historical research is concerned."

His own address is also masterful. In it he briefly epitomizes the activities of thirty-two eminent ex-presidents who had crossed the bar; medical pioneers, whose life work had been an inspiration and an example of courage and constancy. He publishes therewith likenesses of these and of the three then surviving charter members of the society, Drs. Henry B. Landon, Theodore A. McGraw and George E. Ranney.

Of this distinguished group there is no longer a survivor.

"Dr. Henry Bishop Landon died January 15, 1929, at the home of his son, Dr. Herbert W. Landon of Monroe, Michigan. He had attained the advanced age of 88 years. The cause of death was bronchial pneumonia. Dr. Landon had practiced medicine for over a half century at Bay City. He received his early education in the Monroe schools and had taught school before entering the University of Michigan where he obtained his B.A. degree in 1861. This year he entered the Seventh Michigan Volunteer Infantry as a first lieutenant. He took part in several battles during the early months of the Civil War, where he was severely wounded at the battle of Fair Oaks. On recovery he again entered the University of Michigan where he graduated in medicine. He practiced five years in Denver before locating in Bay City as mentioned. Dr. Landon was a member of the Military Order of the Loyal Legion, a charter member of the Michigan State Medical Society, and a member of the American Medical Association. He was twice married. Of the four children, three of his first marriage, and one of his second, only one, Dr. H. W. Landon, survives. The remains were cremated at the Woodmere crematorium in Detroit, Michigan."[7]

He was a handsome man, cheery, companionable, clubbable. He was a good loser—if he lost, which was a rare event—at cards. Not a few times he has trimmed the chairman of this History Committee at duplicate whist. This was long before the day of "bridge," that present time resource of busy-poor physicians and idle-rich others. Winning, except for the glory and gloating of it, with us mattered little—the stake was invariably meager and negligible.

Of the medical pioneer presidents, Dr. Peterson writes:

> "In conclusion I desire to state that my real contribution to this meeting is the gathering together of the likenesses of the deceased ex-presidents of this society. That such a task was necessary has been shown by the labor involved in securing some of the photographs. As the lantern slides appear on the screen let us all remember that these are some of the men who have labored for this society during the past fifty years. Were they with us today they would rejoice at our present prosperity and prospects for the future. Honoring them as representatives of the others who have joined them is the best way of celebrating the fiftieth annual meeting of this society.

DECEASED EX-PRESIDENTS, MICHIGAN STATE MEDICAL SOCIETY, 1866-1915†

> "Cyrus M. Stockwell, 1866, Port Huron; 1823-1899. Founder. Surgeon. Civil War. First president, 1866. Pioneer physician and surgeon, St. Clair County. Ingenious, able and conservative surgeon. Far in advance of his time in his knowledge of hygiene and sanitation. Regent of the University, 1865-1872. Illustrious father of an illustrious son, Charles B., president, 1906.
>
> "James H. Jerome, 1867, Saginaw; 1812-1883. Founder. Twice president of the society, 1867 and 1881. Professor of anatomy and physiology, Geneva Medical College, 1855. Man of vigorous intellect and retentive memory. Forceful in debate, and ever ready to uphold the ethics of the profession. Of great service to the society in its early days.
>
> "William H. DeCamp, 1868, Grand Rapids; 1825-1898. Founder. Surgeon and medical director, Civil War. Able surgeon, especially in the mechanics of the art. Conducted researches in conchology, mineralogy and botany. Through his studies the immense salt industries of Michigan were made possible.

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†The year of *election* is given in every instance, not the year of *presiding*.

"Richard Inglis, 1869, Detroit; 1821-1874. Professor of obstetrics, Detroit College of Medicine, 1870. One of the leading physicians and consultants of Detroit and Michigan. Illustrious father of an illustrious son, David, president, 1905.

"Ira H. Bartholomew, 1870, Lansing; 1828-1889. Of great aid to the society in its early days; represented Ingham County in the Michigan legislature for the purpose of securing the establishment of the State Board of Health, in which effort he was successful. Besides being an able physician he was public spirited in many ways, being three times elected mayor of Lansing.

"Homer O. Hitchcock, 1871, Kalamazoo; 1827-1888. Surgeon, Civil War. Man of unusual general culture and professional attainments. Organized and was president of Michigan State Board of Health, 1873-1877. Of great service to the society in debate and committee work. Illustrious father of an illustrious son, Charles W., able secretary of the Society, 1890 to 1895.

"Alonzo B. Palmer, 1872, Ann Arbor; 1815-1887. Surgeon, Civil War. Professor of anatomy, materia medica and therapeutics, University of Michigan, 1852-1860. Professor of pathology and practice of medicine, 1860-1887. Brilliant lecturer and able teacher. Editor and author of note. Man of high principles and of great service to the Society and the University.

"Edward W. Jenks, 1873, Detroit; 1833-1903. Professor of obstetrics and diseases of women, Detroit College of Medicine. Distinguished gynecologist; skillful operator and able teacher. One of the founders of the American Gynecological Society. Member of and honored by many local and national societies.

Robert C. Kedzie, 1874, Lansing; 1823-1902. Surgeon, Civil War. Professor of chemistry, Michigan Agricultural College. Distinguished scientist and member of many learned societies. Member of original Michigan State Board of Health, where he served eight years, contributing many valuable articles on sanitary matters. Of great service to the Society in its early days.

"William Brodie, 1875, Detroit; 1823-1890. Surgeon, Civil War. Skillful surgeon. Editor and contributor of many valuable articles to medical literature. President of American Medical Association in 1886. Forceful in debate and ever ready to fight for what he believed to be right. Energetic and persistent worker for the Society.

"Abram Sager, 1876, Ann Arbor; 1810-1877. Founder. Distinguished scientist, able physician and teacher. Professor of botany and zoology, University of Michigan, 1842-1850. Professor of obstetrics and diseases of women and children, 1850-1874. Learned in many fields of knowledge. His contributions to the Society are most scholarly and scientific. A man of high principles, universally admired and respected.

"Foster Pratt, 1877, Kalamazoo; 1823-1898. Surgeon, Civil War. An able speaker and born leader of men. Public spirited physician and citizen. Secured the legislative appropriation, the first one of any considerable size in the history of the state, for the establishment of the Kalamazoo Asylum for the Insane. Of great service to the Society in its early days.

"Edward Cox, 1878, Battle Creek; 1816-1882. Pioneer physician of Battle Creek and one of its most honored citizens. A man of great personal and professional integrity. An able physician and a faithful friend.

"George K. Johnson, 1879, Grand Rapids; 1820-1908. Surgeon, medical director and inspector, Civil War. A man of unusual ability in many fields. A fine type of the old school physician, always courteous and kindly. An able, conscientious and conservative surgeon. A general practitioner who had few equals. A loyal friend, ever ready to aid the younger members of the profession.

"J. R. Thomas, 1880, Bay City. Unable to obtain likeness in time for meeting.

"James H. Jerome, 1881, Saginaw. Second time elected president of the Society.

"George W. Topping, 1882, DeWitt: 1828-1895. Founder. A man held in high esteem by his professional brethren and by the laity. Active in the work of the Society in its early days.

"Arvin F. Whelan, 1883, Hillsdale; 1831-1890. Surgeon, Civil War. Pioneer physician of Hillsdale and held in great esteem by his confreres and the public. A high type of physician and surgeon, a hater of shams and a most eloquent advocate of anything calculated to promote the highest interests of the people and profession.

"Donald Maclean, 1884, Ann Arbor, Detroit; 1839-1903. Surgeon, Civil and Spanish American Wars. President, American Medical Association, 1894. Professor of surgery, University of Michigan, 1872-1889. A renowned surgeon. A forceful writer and speaker, an able teacher. Quoted and referred to by hundreds of his students whose love of surgery was due to his enthusiasm.

"Edmund P. Christian, 1885, Wyandotte; 1827-1896. Highest type of country practitioner. Author of many valuable contributions to medical literature especially upon obstetrical topics in which he was specially interested. An original observer and investigator who kept excellent records of his cases. A well spent life during which thousands received help.

"Charles Shepard, 1886, Grand Rapids; 1812-1893. Pioneer physician of Western Michigan. Able and ingenious surgeon especially capable in gynecology and abdominal surgery. A studious, well read man and valued consultant.

"Simeon S. French, 1888, Battle Creek; 1816-1910, 94 years. Surgeon and medical director, Civil War. A much loved and respected physician and surgeon. Strong in his convictions and loyal in the cause he espoused. Served his city and county in many capacities through many years.

"George E. Frothingham, 1889, Ann Arbor, Detroit; 1836-1900. One of Michigan's earliest and most celebrated ophthalmologists and aurists. He held a number of chairs in the University of Michigan, but was best known as a teacher of ophthalmology. A fearless fighter for what he thought right, an able debater and the author of many valuable articles in medical literature.

"Lyman W. Bliss, 1890; 1835-1907. Surgeon, Civil War. One of the most prominent physicians and surgeons of Saginaw. President of the Saginaw Valley Medical College. Honored as a man, physician and citizen.

"Charles J. Lundy, 1892, Detroit; 1846-1892. Distinguished ophthalmologist. Professor of ophthalmology, Detroit College of Medicine. Elected to many important medical positions. Died from appendicitis shortly after his election at the early age of 46.

"Henry O. Walker, 1894, Detroit; 1843-1912. Skillful and progressive surgeon. Successful teacher. Intensely active and interested in the work of the Society. Professor of surgery and secretary of the faculty, Detroit College of Medicine. Author of many valuable medical articles.

"Hugh McColl, 1896, Lapeer; 1844-1908. A skillful surgeon and excellent physician. A deep student and a man of remarkable memory. A most lovable man and a good friend. He was of great service to the Society, not missing an annual meeting in twenty-five years.

"Joseph B. Griswold, 1897, Grand Rapids; 1842-1915. Surgeon and medical inspector, Civil War. A good physician and a good citizen. Every physician in this city knew and loved Joe Griswold. No one will be missed more at this meeting. A capital story teller, witty yet never caustic. Always interested in medical meetings, in those of this Society especially, he would have greeted us with his old genial laugh could he have been spared.

"Ernest L. Shurly, 1898, Detroit; 1846-1913. One of the founders of and professor of laryngology and clinical medicine, Detroit College of Medicine. Pioneer in the fight against tuberculosis in this state. Prolific writer and author of a standard work in his specialty. Active in every movement to advance the interests of the profession.

"Austin W. Alvord, 1899, Battle Creek; 1838-1915. Surgeon, Civil War. A man of many activities, interested in everything tending to elevate the profession he loved. Professionally he was interested particularly in gynecology, to which he contributed many admirable papers. He was a conscientious, conservative and successful operator. For many years a valued member of the Michigan State Board of Registration in Medicine. A kind and sympathetic friend whom we shall miss at the meetings of this Society, to which he was so loyal.

"Philo D. Patterson, 1900, Charlotte; 1843-1903. Served in the Civil War. Was a surgeon of marked ability and had a large surgical consultation practice. For many years he took an active interest in the meetings of this Society. He was a man of force and great natural ability.

"Leartus Connor, 1901, Detroit; 1843-1911. Distinguished physician. Specialist in the diseases of the eye. Editor of a number of medical journals. Had much to do with the reorganization of the Society in 1902. Published a number of valuable contributions to the medical history of the state. Interested in the higher problems connected with medical ethics and education.

"William F. Breakey, 1903, Ann Arbor; 1835-1915. Surgeon, Civil War. Connected with the teaching force of the University of Michigan from 1868 to 1912. Established the department of dermatology and syphilology in 1905 to 1912. Author of numerous articles on medical, scientific and other subjects. He never harshly criticized others, but had a kind word for everybody. He was an able physician, a high minded gentleman, a loyal friend and an esteemed colleague."

Dr. Leartus Connor of Detroit was at different times an officer of the American Medical College Association, the Detroit Medical College, Detroit Academy of Medicine, American Academy of Medicine, American Medical Association; was president of the Council of the State Medical Society, and it was his energy and activity that gave impetus to the reorganization of that Society in 1902.

He was competent in the field of medicine, of medical journalism and in civic affairs.

From the addresses of Drs. Connor and Peterson and from sources specifically mentioned, the matter pertaining to this section has been obtained.

To avoid duplication of biographical matter and episodes in the lives of pioneer physicians, derived from other sources, the Burton Historical Manuscripts, Pioneer and Historical Collections and elsewhere, the admirable address of Dr. Connor has been slightly abbreviated. It was delivered at the Port Huron meeting in 1902 and bears the title:

THE MICHIGAN MEDICAL SOCIETY

Its First Eighty-three Years—Present Wants, and Suggestions for Their Supply†

Part I

"A year since you selected me for certain responsibilities and special work. 'Tis too much to hope that your expectations have been fully met, but you have had my constant thought, best judgment and unwearied service.

"On a beautiful October day your representative laid the corner stone of the New Science Building of the medical department, University of Michigan—an epoch in the life of Michigan's first medical school, by which it can better train those who shall fill our future ranks, add new resources to our science, and augment the state's reputation in the scientific world.

"Realizing that you desired an increase of members and more local societies, your president and efficient secretary did what was possible to promote both objects.

"Last year the American Medical Association radically changed its organization, by placing all legislative and executive power with delegates from state societies and the sections—in all one hundred and fifty. The rest of the association receive the Journal (if they pay five dollars annually), take part in the scientific and social work and listen to the addresses.

"In common with other states, Michigan is asked by the American Medical Association to divide its membership in like manner; a house of delegates from the county societies and councillors for legislative and executive duty; the remainder for scientific and social purposes.

"To study exhaustively these radical changes and wisely advise the proper action, the president appointed a committee, consisting of Drs. A. E. Bulson, of Jackson; George Dock, of Ann Arbor, and Charles T. McClintock, of Detroit. Its report and that of our members of the house of delegates, American Medical Association, follow this paper, and conclude the formal presentation of the subject of our reorganization.

"Standing at the close of eighty-three years with a new life more complex and highly organized than any we have known, it is pertinent to inquire: 'What light does our past shed upon the future?'

"Organized at Detroit under territorial law, August 10, 1819, the Michigan Medical Society has had but two breaks in its continuous operation, viz: from 1851 to 1853, and from 1860 to 1866. Its name has varied slightly during these three periods, but it has been, under all conditions, the Michigan Medical Society.

"It was one of many events that marked the origin of Michigan as an American community, based upon the permanent resources of its own industries, in spite of the planting of a colony by Cadillac on the shores of the Detroit River one hundred and twenty years previous. Others were: the first move to establish Michigan University; the first sales of land by the United States; the opening of roads towards Saginaw, Chicago, Grand River, Fort Gratiot, and the removal of the stockade about Detroit.

"The moving spirit in the formation of the Michigan Medical Society was Dr. John L. Whiting,‡ a type of the doctors who laid the foundation of our Michigan Medical Temple amid primeval forests. . . . He was licensed by the State of New York. Turning his face westward he reached Detroit on horseback, February 26, 1817. Endowed with great physical and mental vigor, he soon secured a large practice and commanding social influence. Conversant with the New York medical laws, and believing them adapted to the needs of the territory, in 1819 he began the formation of a medical society‡ among the few scattered physicians of the territory (Schoolcraft says there were but eight physicians in Detroit).

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†Read at the meeting of the Michigan State Medical Society, held at Port Huron, June 26 and 27, 1902.

‡See Volume I, Chapter VII, Page 186.

"Changing the New York medical laws to the new conditions, himself and friends readily secured the assent of the government as embodied in Governor Lewis Cass, Judges A. B. Woodward and John Griffin—a task made easy by the fact that these men were conversant with similar laws existing in the older states whence they had come. Whiting served long as a secretary, and then as president.

"To grasp the far-reaching influence of this first Michigan Medical Society, it is needful to keep in mind the salient features of the physical, political, religious, social, business and scientific conditions of 1819 in Michigan. At that date it was a French Arcadia, as described by Longfellow; an immense forest of giant trees, interspersed by silver lakes and oak openings, cleared only for a few rods along the larger rivers. Vast undrained areas were breeding places for the malarial fevers and culture beds for visiting morbid germs, as cholera, typhoid and typhus.

"Its inhabitants were mainly of the Roman Catholic faith, born and nurtured under the despotic idea of the French and British kings of that day—and so unfavorable to general education or the exercise of individual liberty.

"Relations with the outside world were difficult, dangerous and expensive. Mails from Ohio were brought on horseback as late as 1826, and postage increased with the length of the route.

"Trading in furs was the chief source of wealth; fishing, hunting and light farming added something to means of subsistence.

"Lives of doctors were full of adventure and hardship from hostile Indians, absence of roads, the presence of deep, thick mud, and long trips incident to the sparse population. Calls to places as distant as Tecumseh from Detroit were not infrequent, occupying two days and a night, either going or coming; the night being spent on the ground rolled in a blanket, subject to wolves or other uncanny natives; the Indian trail their only guide through the dense forests. Because of scanty pay for professional work, most, if not all doctors were compelled to engage in some outside occupation—as the keeping of a drug store, or agent for articles of general merchandise. From such sources have sprung not a few of the large commercial houses or factories of modern Michigan.

"His superior education and gentlemanly manners gave the doctor high social position and great influence in all public affairs. Thus in 1842 Drs. Zina Pitcher and Douglass Houghton, aided by Samuel Barstow, were most active in promoting the act by which Michigan established the first absolutely free system of popular education. Drs. Sager, Pitcher and Houghton, with other doctors, were active in the steps that led to the growth of the University. Pitcher was long one of its regents; later, in an editorial in the *Peninsular Journal of Medicine,* he expressed regret that he had not held out for a nine months' course at the opening of the medical department, and an entrance examination equal to the literary. Both Drs. Marshall Chapin and Zina Pitcher served as mayors of Detroit and were influential in developing health interests of the city.

"The leaders were picked from the best stock of New England and New York and Pennsylvania—their deeds would fill a library, and those of their descendants are a solid part of Michigan's history.

"Since the chemistry of 1819 was extremely crude, and pharmacy still more, it is evident that doctors were compelled to administer remedies not always concentrated or agreeable. They lived and died in ignorance of the delight in prescribing nastiness coated with sugar or gelatine; or the satisfaction of using remedies as exact in power and definite in operating as the surgeon's knife.

"Measured by present standards, neither anatomy, physiology nor pathology was very helpful. Without anesthetics, bacteriology, aseptic surgery, with imperfect appliances of all kinds, without antitoxin, the doctor of 1819 needed the best brain capacity and closest attention to details to secure satisfactory results. Since his senses were compelled to act as substitutes for the thermometer, the sphygmograph, the ophthalmoscope and all other scopes, 'tis little wonder that they became wonderfully acute and that his experience added much to the doctor's practical value. Such was the house in which was born the first Michigan Medical Society.

"The qualifications demanded of those desiring to begin the study of medicine are stated in the Incorporating Act, By-Law 9. 'The President, Senior Censor and Secretary shall form a Board to examine students in the preparatory branches of education, and give a certificate previous to their entering upon the study of medicine. They shall meet on the second Monday of January and June, respectively. They shall keep minutes of their proceedings and lay them before the Society semi-annually. If the student has had a collegiate or academic education, his moral character only shall be the subject for their examination. This certificate shall permit him to study with any member of the Society.'

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‡In 1819, Dr. John L. Whiting "set about organizing a medical society among the few scattered doctors in the territory. There were three in Detroit and one respectively in Pontiac, St. Clair, Mount Clemens and Monroe. They all joined him. By an Act of the Legislative Council passed June 14, 1819, the physicians and surgeons of the territory were authorized to meet in Detroit on July 3 to form a medical society.—Burton Mss.

"Otherwise, by specific vote, the secretary granted permission to members to take as students those with known fitness to begin the study of medicine. Thus we read in the proceedings that on June 14, 1825, Dr. Ezra S. Parke (father of the late Mr. H. C. Parke, of Parke, Davis & Co.) was granted permission to take as a student Mr. L. B. Webster. This care for the preliminary training of prospective medical students is worthy of being copied now and evermore. One is startled to contemplate the high standing of the profession had this example of the early days of our Society become universal and continuous.

"Respecting the conditions for granting licenses, By-Law 18 says: 'Candidates for license to practice medicine or surgery shall give notice thereof to the President and Censors fifteen days previous to examination, and before anyone can be admitted to examination he must present to the Censors satisfactory proof that he is twenty-one years old, of good moral character, has studied the time required by law with one or more reputable practitioners, and that he has appropriated the time solely to the study of medicine and surgery. If he be a candidate for a license to practice physic, he shall be examined on materia medica, pharmacy, anatomy, physiology, and theory and practice of medicine; candidates for the practice of surgery shall be particularly examined on anatomy and surgery.' Further, By-Law 19 says: 'When a candidate shall obtain his certificate, signed by a majority of Censors, he shall present the same to the President, who shall direct him to deliver an inaugural address on some medical or chirurgical subject before the Society at its present or next meeting; after which he shall be entitled to a diploma under the seal of the Society, signed by the President and countersigned by the Secretary. For this he shall pay ten dollars for the use of the Society.'

"Licenses to practice given by other state societies were accepted if said society accepted those from Michigan—full and fair reciprocity—in operation eighty odd years ago and for a third of a century later. Why is not the same provision as fair today?

"Certificates of dismissal were given members moving from the territory, provided they had settled their accounts and otherwise conducted themselves decorously.

"For unseemly conduct a member could be expelled by a two-thirds vote; the accused having had sufficient notice to arrange his defense—unseemly conduct included gross immorality, the using of secret nostrums, etc.

"Members of the society absent from the semi-annual meetings were fined a dollar for each offense. The admission fee was five dollars, and annual dues one and one-half dollars.

"Licensed physicians in any county, on application, were granted by the territorial society the right to form a local society which, within the limits of the county, had the same rights as the territorial, except that the aggrieved member had the right of appeal to the parent society, and the county society was compelled to accept the decision as final.

"Thus June 12, 1827, permission was granted Drs. Cyril Nichols, Rufus Pomeroy, William Kitteridge and David Lord to form a Washtenaw County Medical Society.

"June 12, 1831, permission was granted Drs. William Thompson, David L. Porter, E. L. Parke and Thaddeus Thompson to form an Oakland County Medical Society.

"July 23, 1835, to Drs. Hubbel Loomis, et al., to form a St. Joseph County Medical Society.

"January, 1836, to Dr. L. T. Jenney, et al., to establish a Macomb County Medical Society.

"January, 1836, to establish a Monroe County Medical Society.

"June, 1837, to Drs. Darwin Littlefield, Hiram Alden, M. Randall, William Noneclott and Thomas Caulkins to establish a Branch County Medical Society.

"April 14, 1849, the Wayne County Medical Society—from an unpublished report of a meeting of this society, March 16, 1850, we learn that the censors reported that 'Edmund Andrews is entitled to be received as a student of medicine by any member of the Wayne County Medical Society.' Thus one of Chicago's most celebrated surgeons gained permission to begin the study of medicine from this society.†

"In 1825 the government of Michigan was augmented by a number of councillors, elected by the people, to act in conjunction with the governor and judges, appointed by the general government. On that date the following changes were made in the medical law:

"1. A candidate for commencing the study of medicine must be sixteen years old.

"2. He must study medicine four years ere applying for a license. In lieu of one year, a year's study in a respectable college may be accepted; after a long reign of a far lower standard we have returned to our first.

"3. If coming from another state, the candidate must produce a diploma or valid evidence to show the possession of knowledge adequate to practice medicine satisfactorily—a standard such as now prevails, except the censors deciding the fitness are different.

"In 1829, the law of 1819, as amended in 1825, was reënacted with amendments as:

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†Thus anterior to 1850 we had seven county medical societies; in 1902 we have fifteen, classed as county medical societies, or twenty-two of all sorts, not a rapid increase for over half a century.

"1. Surgeons and assistant surgeons, U. S. A., stationed at Green Bay, Prairie du Chien, Sault Ste. Marie and Mackinac, were permitted to do civil practice without license, provided the civil doctors were inadequate to the needs of the people about the posts.

"2. County societies were permitted to hold property to the extent of $5,000, and the territorial to $25,000.

"3. Evidence was required of doctors coming from other states that they had studied as much as was required in Michigan, a fair proposition for all time.

"4. Doctors unconnected with any of the legal societies were subject to the same penalties as irregulars.

"5. Each of the territorial and county censors must be notified of a proposed examination, and a majority must be actually present, else the examination could not proceed.

"6. Physicians could be tried on general charges, as infamous crimes, gross negligence, or incompetency, and if found guilty, suspended from practice under the same penalties as the unlicensed.

"In 1838 the medical laws were again revised in accord with a strong hostile public sentiment, developed by the active proselytizing of the hordes of quacks who sought a home in the new state. The population had risen from 7,000 in 1820 to 174,467 in 1837. Further it was a period of wild-cat money, of general extravagant inflation of everything, the projection of public and private enterprises on a scale paranoiac. As the people were in a frame of mind to be robbed, the quacks gathered to do the job in accord with the axiom, 'where the carcass is there do the vultures gather.'

"The revision covered the following points:

"1. Jury and militia duty were repealed.

"2. Fines for irregular or unlicensed practice were eliminated, though the law remained against the collection of fees by the unlicensed.

"In 1846 another revision repealed Section 8, giving the unlicensed legal power to collect fees.

"Physicians from other states were admitted to practice without any formalities—thus for the first time inaugurating the era of 'free trade' in medical practice, an era unchecked until a recent date.

"The requirement of four years of study was struck out—has it been restored?

"Perhaps the most remarkable thing in this history, as related by Dr. Zina Pitcher, is a decision of the Michigan Supreme Court that 'A doctor is any person calling himself such.'

"Even this brief account makes evident that the Michigan Medical Society no longer represented the state government—accordingly it held its last meeting January 14, 1851. At this meeting Drs. William Brodie and L. H. Cobb were elected members, and Drs. George B. Russell, Randall S. Rice and Zina Pitcher appointed a committee to attend the next examination of candidates for the M.D. degree at the University of Michigan, department of medicine and surgery—thus still trying to guard the gates of the medical profession of Michigan, 'that none enter unworthily.'

"During this first period of existence the total membership of the Michigan Medical Society was sixty-three. In an address Dr. Pitcher says that the yearly accessions were limited to two—if correct, it explains why during thirty-two years there were so few members. Other reasons were the expense of entrance fee, five dollars, annual dues of one and one-half dollars, fines of one dollar for each failure to attend the semi-annual meetings, and the tedious, difficult modes of travel, practically limiting its membership to Detroit and adjacent country. It licensed two hundred and fifty members, whose names with date of licenses we have.

"Of the number licensed by the county societies we have no means of knowing, as rarely have the records been preserved. The lists of these legal societies include about all who left any permanent record upon public professional affairs, during these thirty-two years. The society's first officers were: President, William Brown; vice president, Stephen C. Henry; secretary, John L. Whiting; treasurer, Randall S. Rice; Censors, Ebenezer Hurd, Stephen C. Henry, Randall S. Rice.

"Note that at its start this society had but five members with which to fill seven offices, so two were given two offices each. Recalling that, quacks included, there were but eight doctors in Detroit, and scarcely more in the territory, it called for a sublime faith in these five doctors to form a medical society on the basis of ensuring a clean, well educated, honest profession in Michigan. Yet we hear it said that with a dozen physicians in a single county, it is impossible to establish a medical society. Has the nerve of our founders died out, or is it merely dormant, waiting for a galvanic current from this society to rouse its ancestral power?

"The changes of officers in this Society were very infrequent. William Brown was president seven years; William Thompson, one year; Stephen C. Henry, six years; John L. Whiting, three years; Marshall Chapin, one year; D. V. Hoyt, one year, and Zina Pitcher, fourteen years—seven presidents in thirty-two years.

"Of secretaries there were but four: John L. Whiting, eleven years; Randall S. Rice, seven; E. M. Cowles, one, and J. B. Scovell, fourteen.

"The records show but few papers read and few scientific discussions—the time being occupied with examining, registering, licensing, giving and receiving letters of dismissal and prosecuting offenders. The Society had its own attorney and added such other legal talent as occasion called for. It rewarded those giving evidence of violated laws by assessing them with expenses if the suit failed of success, while it gave no reward for the evidence—a novel mode of administering justice.

"A notable event in the Society's history was the election to membership of Dr. William Beaumont, of Mackinac, June 14, 1825. On August 27, 1826, he gave the Society a report of his celebrated case of gastric fistula, with an account of clinical and chemical studies on gastric digestion, scientific observations, which formed an epoch in our knowledge of human digestion.

"In the strait uniting Lakes Huron and Michigan, on the beautiful island of Mackinac, stands a massive granite monument† erected by the Michigan medical profession in 1900, when its meeting was held on the island, to express an appreciation of a colleague whose glory brightens with passing years.

"January 9, 1838, the Society voted thanks to Drs. J. G. Connell, of Jackson County, and Hiram Alden, of Branch County, for 'their firmness in defending in legislature, the privileges of the presuming ignorance, and the disorganizing spirit which seeks to annul all vested rights, even at the expense of life of persons and property.' This little side light indicates much of the practical operation of the Michigan Medical Society of that period. We have seen that it was absolute monarch of the Michigan medical profession, with power to prescribe what the student should know ere he essayed the study of medicine; what he should add to secure a license; how he should demean himself in order to retain his license; the methods by which he could be deposed; and the means by which he could be transferred to another sister medical society. But 'uneasy lies the head that wears a crown.'

"The governor and judges were men of large ability and devotion to the public good, so it was easy to induce them to enact such a law as prevailed in the states whence all parties had come. But, as ideas of individual liberty and popular government gained power in Michigan, so did the opponents of the law gain in influence. They labored in season and out to educate the people in their views. Meantime, members of the State Society, secure in possessing the law, went quietly about their work or play. Petitions to the legislature for the repeal of one feature or another increased in number and influence; the popular press was enlisted; journals for the sole purpose of educating the public to greater liberality were scattered on all sides, until naught of value remained of the law, and its friends voted for its abolition. It does not appear what would have occurred had the individuals of the state and county societies exerted all their energies to educate the people to the maintenance of the law. The fact remains, they did little or nothing, were utterly routed and, worse still, the echo of the affair still exhibits itself on most inopportune occasions.

"Dr. Pitcher's comment was that the law induced an atrophy among the members of the Society, and stimulated conflicts among themselves to the mutilation of their own professional reputation.

"The authorities for statements and facts in this address are the unpublished record of the Michigan Territorial Medical Society, kindly loaned by my friend, Dr. C. G. Jennings. This covers a period of thirty-two years; unpublished records of Wayne County Medical Society, loaned by Dr. S. P. Duffield. Correcting and supplementing these are the Legislative Records, Compiled Laws, Supreme Court Decisions, addresses and papers in medical journals, society reports, monographs, daily papers, Pioneer Society reports, and verbal communications from older men and women, who personally were conversant with some of the facts, or received the same from their relatives, who were participators in the same."

Thus is concluded Part I of Dr. Connor's address. Amplification of the matter therein is derived from other sources. The ironic comments contained in the "resolution" are noteworthy.

The resolution states that the public and the legislature "guided by the inspiration of the age we live in, have, to judge from the signatures to petitions addressed to the legislature on the subject, arrived at the belief that all wisdom (as well as power) is centered in them rather than in those who have made medicine a study."[2]

The Medical Society of Michigan was organized in 1820 with the following officers and members, all physicians: William Brown, president; Stephen C. Henry, vice president; John L. Whiting, secretary; Randall S.

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†See Volume I, Page 171.

Rice, treasurer; and Ebenezer Hurd, William Thompson, and Henry Conant, members.

The above was accomplished through the efforts of Drs. Brown, Whiting and Henry, after an Act of the Territorial Council was passed in 1819 for the organization and incorporation of medical societies.

This law was reënacted with some alterations in 1827.[2]

The Society continued until 1851. There were several amendments to the original act by the Legislative Council and by the state legislature. In 1851 for some reason the legislature became dissatisfied with the acts of some of the medical fraternity and repealed the law. This of course deprived the Society of most of its powers and a meeting was called in May, 1851, and the Society formally dissolved. The committee that reported the resolution was composed of Randall S. Rice, Zina Pitcher and Lucretius H. Cobb but it seemed to be the expression of the Society.

Farmer in his "History of Detroit," Volume II, Page 1098, says that Dr. Morse Stewart arrived in Detroit, November 19, 1842. "When he came to Detroit there were no medical societies, and no protective legislation in Michigan for medical men, and therefore no means of ascertaining a man's fitness for, or worthiness of, fraternal relations. To meet this deficiency, the profession came together and organized the Sydenham Society. After its demise in 1848, the Wayne County Medical Society was organized. Of this society Dr. Stewart was repeatedly president and continuously a member until 1875, when it disbanded."

Farmer, in Volume I of his history, gives a review of the Michigan Medical Society which explains more in detail what happened:

> "While the doctors have often been enabled to keep their patients alive, their own societies have over and again died for want of care and because of improper treatment. It is evidently easier to compound drugs than to harmonize the views of members of the profession, and a diagnosis of some 'Society' cases would perhaps reveal symptoms of mental poisoning.
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> "The first society was authorized by an Act of the Legislative Council of June 14, 1819. Under this Act the Physicians and Surgeons of the territory were authorized to meet in Detroit on July 3, 1819, to form a medical society.
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> "The Act also provided for the formation of county societies, which were authorized to examine persons seeking to practice, and to grant diplomas. A fee of $10 was to be paid for each diploma, and without such diploma no one might practice. Disaster of some kind soon terminated the existence of these organizations. In 1839 the Michigan Medical Society was in existence, with D. O. Hoyt as president and E. W. Cowles as secretary. A few years later the Sydenham Medical Society was organized. It ceased in 1848."

"This law [of 1819] continued in force until the organization of the state government and with few alterations the Society was recognized with all its former privileges as the 'Medical Society of the State of Michigan.' It was almost entirely local in its operations, most of the doctors living in Detroit. In the spring of 1844, the law was repealed and the Society appears to have died out. In the revised statutes of 1846, the old society was revived and the various county societies met in a convention at Jackson, January 3, 1849. The result of this meeting was the organization of the Michigan Medical Association, which existed up to 1851. In 1853, the Society again revived to die out with the breaking out of the war. In 1866, a fresh enthusiasm burst forth and on June 5, the Michigan Medical Society was again launched forth. It has steadily increased in its influence and power until today [when] it numbers over 2,000 members."[11]

"In 1836, the Michigan State Medical Society was incorporated. Licenses were granted to practitioners signed by Marshall Chapin, president, R. S. Rice, secretary, and three or four censors, among them, Dr. Douglass Houghton."[2]

In an interview[11] the late Dr. J. L. Whiting disputed, but very delicately and appreciatively for he had "a high opinion of him as an able physician and a fair man," the title as applied to Dr. Zina Pitcher by a president of a county medical association of "father of medicine in Michigan," and averred that "as long ago as 1819 I conceived the foundation of a medical society among the few scattered physicians of the territory. We had three at the capital and one respectively at Pontiac, St. Clair, Mount Clemens and Monroe, and they all joined me. Long afterward when I had retired from practice and when the number of physicians was greatly increased, county and state associations were formed and Dr. Pitcher was one of the first presidents of the Wayne County Society."[11]

Dr. Leartus Connor continued his address on the Michigan Medical Society as follows:

PART II

"The second stage in the evolution of the Michigan Medical Society started with a meeting held at Ann Arbor, March 30, 1853, and ended with an aborted meeting at the same place March 29, 1860. The abolition of all medical laws by the legislature of 1851 threw the profession of the state upon its own resources. Feeling the need of some sort of organization for mutual aid, inspired by a desire to assist the young medical department of the University (started in 1849); catching something of the enthusiasm of the young editor of the first Michigan medical journal, Dr. Edmund Andrews, the profession organized after the fashion of the conventions of that time.

"New wants had come to the profession, and it planned for their supply. By its medical college it had entered upon a systematic training of its future members. By its medical journal it sought to stimulate the older men to larger observation, more frequent record of their work, and the encouragement of local medical societies.

"Happily, the editor of the *Peninsular Medical Journal* was chosen secretary, and continued such till his removal to Chicago three years later. He was also demonstrator of anatomy in the medical school, and instructor in comparative anatomy. A man of exceptional ability, clear in thought, clean in life, a marked man among kings, he started the enterprises well.

"Of the scholarly ability, the indefatigable industry and upright life of his successor, Dr. E. P. Christian, late of Wyandotte, all who knew him will speak in exalted terms. As secretary he faithfully served the Society till, amid the financial earthquake of '59 and the ominous rumbling of the approaching storm of the great Rebellion, it closed its doors.

"Its presidents were all men of mark—in order as follows: George Landon, Monroe; Henry Taylor, Mt. Clemens; Zina Pitcher, Detroit; J. H. Beech, Coldwater; N. D. Stebbins, Detroit; J. Adams Allen, Kalamazoo; H. B. Shank, Lansing.

"Its eighth annual meeting was called at Coldwater, January 18, 1860, but, so few being present, it adjourned to Ann Arbor, March 29, when, discouraged by the few present, it disbanded. Its total membership was 115, and its work admirable, worthy of the state at that time. The presidential addresses were thoughtful, forceful discussions of topics pertinent to professional interests. As far as records show, a singular unanimity prevailed—the more surprising because of the heated contests of both former and later years.

"Its papers covered a wide range of topics, especially rich were they in observations upon the meteorology and health of the several localities—topics now covered by health and sanitary boards. It originated movements which finally resulted in the proper care of the insane in institutions owned and conducted by the state instead of by counties; movements for the proper registration of deaths, births and marriages; for state and local health boards; for an anatomical law so that an inquiring medical student might study human anatomy without running the risk of being mulct of two thousand dollars or spending two years in a cell with a midnight assassin.

"Among the obvious causes of its downfall were:

1. The commercial disasters of 1857
2. The growlings of the approaching civil war
3. The natural operation of the feuds of former years
4. The lack of stimulus from opposition
5. Last, but not least, the absence of the sustaining interest of many local societies.

"From the fact that the Society breathed its last at Ann Arbor it would seem that the medical department and its friends were not anxious to prolong its life.

"The *Peninsular Journal* had struggled in conflict with its rival, the *Independent,* finally combined with it and then died—all of which must have been depressing.

"While the election of Dr. Pitcher to the presidency of the American Medical Association, at its first Detroit meeting in 1856, gratified his friends, it rendered his enemies the more bitter and so failed to advance the State Society.

"During these seven years the profession learned to conduct a medical society without state support. ['Tis interesting to note that the report of its last meeting was published at state expense, doubtless because so many members were common to both society and legislature, and interested in pushing certain matters in each, as the completion of the Kalamazoo Asylum.] As a leader in these bodies was Dr. Foster Pratt, who for many years served the medical profession with marked ability in all its notable movements. He was one of the ninety men sent by Michigan to defend the Nation's life. With him went a host of doctors whose written and unwritten work show that this Society failed not its country in time of peril.

"The third period in the evolution of the Michigan Medical Society began with 1866, and now at the end of thirty-six years is incomplete. Many of its founders are still with us to give the boys pointers along the line of medical and surgical work. We need their mature judgment and wise counsel in solving the problems of reorganization before us.

"During these thirty-six years our records show 1,478 members admitted, 868 removed, resigned or died, leaving a net result of about 610.†

"Among the conditions favoring the formation of this Society we note: (1) The closing of the Civil War left many energetic, wide-awake young doctors in Detroit without adequate clientele—through a medical society they saw a chance. (2) Efforts to remove the medical department of the University to Detroit, though long continued, had failed, while they advertised the waste of clinical material. (3) Clinical instruction as the leading feature of the coming medical education was everywhere emphasized.

"With such conditions it is easy to see that personal ambition and economic thrift urged the establishment of a medical college in Michigan's commercial metropolis. After the example of the founders of the University medical school, the promoters of the enterprise began with a medical journal, the *Detroit Review of Medicine and Pharmacy;* then followed, the same summer, the Michigan Medical Society, and lastly, in 1868, the Detroit Medical College.

"Naturally, the medical department of the University exerted itself to retain and increase its hold upon the profession, and so its friends took active part in the Society. To offset the *Review of Medicine,* the *University Medical Journal* came into life. Through these and other agencies friendly contests waged in and about the Michigan Medical Society, making it a lively affair till, by processes of evolution, both were fully occupied in other directions, when both the *Review* and *University Medical Journal* disappeared, as in any sense exponents of the separate medical schools. All parties had need of the Michigan Medical Society, hence its increase in size and influence.

"Meantime the methods of the old time political convention, with its parliamentary contests, its personalities, its oratorical play to the galleries, became inadequate. After much discussion, in 1887, its scientific work was separated from the legislative, executive and judicial, and done in three sections, under the guidance of separate chairmen and secretaries. Thus more time was had for papers and fuller discussions, as the published transactions abundantly demonstrate. Further, this change multiplied offices, and so to a greater degree appeased the hunger for such diet. As scientific discussion rarely induces loss of temper, the sections disposed of much surplus energy in a peaceful manner.

"Of the presidents, eighteen are dead and seventeen living—one, Dr. J. H. Jerome, was elected twice, in 1867 and 1881—doubtless presidential timber was scarce in 1881, as during the first period, when Dr. Zina Pitcher was fourteen times president.

"Of secretaries we have had four: Dr. George E. Ranney for the first twenty years, then in order, Drs. George Duffield, four years; C. W. Hitchcock, six years; Collins H. Johnston, four years, and A. P. Biddle two years; the first a soldier in the Civil War, the last in the Cuban War.

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†Adding the membership of the three periods we have a total of 1,656 for 83 years.

"During its first period the Michigan Medical Society limited itself largely to the execution of state laws regulating the practice of medicine, doing little to develop its members along scientific or literary lines, or to foster, encourage or develop county societies.

"Its second period stimulated members, to observe, record and publish facts relative to local climate, epidemic diseases, public health, as well as those relating to private practice. It strongly insisted upon the observance of the code of ethics of the American Medical Association; it encouraged the *Peninsular Medical Journal;* it urged the medical department, University of Michigan, to a higher preliminary requirement and better professional training; but it remained a large local society, doing nothing to foster, encourage or develop local medical societies.

"Its third period began with an impulse to utilize the clinical advantages of Detroit, but it promoted the development of state insane asylums in lieu of the wretched county lazar houses for the herding of the insane; it initiated the movements that led to the formation of proper state and local health boards, proper registration of deaths, births and marriages; some sort of restriction of free trade in medical practice, to those competent for the work; and numerous other enterprises having for their object the application of the latest scientific knowledge to the betterment of the physical lives of our citizens.

"Its jealousy for membership at once competent and clean drew it into a controversy relative to the educating of homeopathic students by the regular faculty of the University. While it had no legal penalties with which to enforce its ideas, a simple disapproval of the proposed scheme brought upon its head a veritable storm of thunder and lightning† compared with which the terrors of Mount Sinai were a summer breeze. The final result was the establishment of a sectarian medical school entirely distinct, so that it cannot be said that our own school gives aid and comfort to such as seek to make the world believe 'a part equals the whole.'

"These and allied activities are at once the index of virile force in the Michigan Medical Society and a stimulus to its further development.

"Papers and discussions were greatly multiplied by the sections, thus attracting more scholarly persons and raising its scientific standard. During both periods it was a voluntary association, differing from local societies by drawing from a larger field, holding less frequent but longer sessions, and giving aid and comfort to those disgruntled with the local society or unwilling to coöperate therewith.

"In spite of the stimulus of the most remarkable period in all medical history, our growth in numbers from 100 to 610 during thirty-six years has been disappointing. It is especially discouraging that members drop out, by failure to pay dues or because they find the Society unprofitable. Alabama, with but 1,700 physicians, has 1,200 in the State Association. In Baldwin County, 125 miles long, in which there are but nine physicians, eight belong to the county society.

"The present wants of the Michigan Medical Society are three:

"First—A membership of three thousand, and provision for keeping pace with increasing population.

"Second—Sixty county medical societies, instead of fifteen, with plans for increase to the limit.

"Third—A force adequate to the growing of a live medical society in each district, and bringing each doctor of that district into active fellowship therewith.

"How shall these wants be supplied?

"Time forbids a complete answer, were data available; to aid each in formulating such answer, we present the following suggestions:

"1. Work, tactful, persistent, by intelligent representative persons, is absolutely essential. To secure these the Society must be divided into Councilors, Delegates and Members; the first attending to the business, the second to the scientific work; thus we ensure a small body of representative men for planning details and supervising their execution.

"2. The Society will avoid all political entanglements because it has learned that they develop antagonisms from the 'outs,' enervate from the 'ins,' or reduce both to the level of the lowest. Far better retain the method of our past two periods and relegate to special boards all police duties in regulating the practice of medicine—said boards representing the several sects patronized by the people. We may do much to secure the best individuals on the boards and compel their obedience to the law. Such independent position will enable us to lead in all movements for the application of science to the common good, and have our leadership recognized.

"3. For fifty years the Michigan Medical Society has been weak, in an organization, so compacted that when one suffers all suffer; when one prospers all prosper. Since such can spring only from correct sociological principles, and be perpetuated by their continuance, education is our watch-word. This must be persistently continued along three lines: A—The perfecting ourselves in professional ability; B—Mastering the best methods of coöperating for common aims (medical sociology); C—Teaching the laity how to apply scientific knowledge for their advantage.

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†See Chapter I, this volume.

"Our past shows prosperity as one or all of these have been employed. Before 1851 the Society published nothing, and so its educational power was at a minimum—its opponents published much, to our disadvantage. From 1851 to 1870 the Society utilized the medical journals. Since 1870 it has issued yearly volumes. Both methods of educating promoted our work, increased enthusiasm, and raised our standing.

"We have augmented our knowledge, educated and gained influence with the laity by efforts to establish and maintain boards of health; registration of vital statistics; regulation of the practice of medicine; to secure the proper care of the insane, deaf, dumb; to establish and maintain hospitals, dispensaries; to obtain such school buildings as would better fit them to train young children to sound citizenship; to teach the correct principles of drainage, sewerage, water supply, plumbing, heating, etc. For this purpose we have used the lay press as well as medical and other scientific journals.

"Just now the question presents itself: Cannot we increase our educational power by changing our official form of publication?

"New York and Illinois tell us in emphatic phrase, supported by facts and figures, that their state society medical journals have increased their incomes, multiplied their membership, and augmented their enthusiasm, far beyond their wildest dreams. May not this modern method serve us equally well?

"It is suggested that this meeting, by specific resolution, direct the Publication Committee to issue the transactions in the form of a monthly journal, to be known as *The Journal of the Michigan Medical Society*. To aid this committee it is suggested that four members be appointed till their successors be elected. To this Board of Publication all matters relating to the expenditure of money shall be referred, without debate, and on it shall be placed all responsibility for the Journal management. It shall organize immediately after appointment, hold at least one meeting, and submit an annual report of its acts.

"4. Inquiry respecting the early death of many local societies reveals the conviction that the cause was 'too big a dose of unworthy members.' Possibly wise missionary work might have saved both individuals and society. Our predecessors paid much attention to membership, and we reap the reward. We may not license to practice, but we can assure in our members fitness for work much higher than that exacted by a legal examining board; one toward which the latter may aim, and thus insure, for the future, doctors better than ourselves a course promotive of the highest good of this Society.

"5. It is suggested that this meeting appoint a Councilor from each Congressional District, who shall hold office for six years or till his successor be elected, so arranging the terms that two shall be elected yearly thereafter. Their duty shall be the promotion of new county societies, reviving old ones, and adjusting misunderstandings. The expense of this work shall be paid by the Society, to the limit of $25.00 yearly to each Councilor. The Councilors shall organize immediately after appointment, hold at least one meeting, and submit to this Society an annual report.

"6. It is suggested that each Vice President, by resolution, be directed to place himself in connection with the Councilors of the three Congressional Districts nearest his residence, so as to render all possible aid in the work of promoting the formation, development and healthful activity of local medical societies within his territory.

"7. More than eighty years ago this Society arranged a reciprocity with other state societies having standards equal with ours, so that individuals on removing to such state were accepted by its society, and its members on removing to ours were accepted by us, so avoiding the annoyance of re-election. If re-enacted, this reciprocity in state society membership would enhance our membership value and encourage the maintenance of good standing therein. A bank note current at face value in forty states is more desirable than one current in one state.

"8. Never has this Society made special effort to retain till death, members of long standing and faithful service. One by one each becomes incapacitated for active effort. Why not form a Roll of Honorary Members, with full privileges but without dues? Scant knowledge of men is required to know that these veterans would, most efficiently, promote enlistment of their young medical friends, and their love for this Society grow stronger as they neared their eternal home. It is suggested that the Committee on Re-organization define the limitations needful to make and keep this roll of honor, and select the names of those now eligible, and that additions hereafter be yearly presented by the Committee of Nominations, the Society electing them as other members.

"Lastly, for eighty-three years the Michigan Medical Society has kept step with the onward march, of medical progress. It remains to gather wisdom from our past, from our sister state societies, from the American Medical Association, and medical sociology and use it as a guide to enlist the cordial coöperation of every physician in making the Michigan Medical Society worthy of its magnificent domain, its glorious past, and our universal brotherhood."

The second annual meeting of the (Peninsular) State Medical Society was held at Ann Arbor, March 30, 1854, in connection with graduating exercises of University of Michigan medical department. Dr. George Landon of Monroe was president.[12]

This society was organized the previous year. At the above meeting an historical narrative was contributed by Dr. Zina Pitcher.

The presidential office following the incumbency of Dr. Landon was successfully filled by: Henry Taylor, Mt. Clemens; Zina Pitcher, Detroit; J. H. Beech, Coldwater; N. D. Stebbins, Detroit; J. Adams Allen, Kalamazoo; H. B. Shank, Lansing.

Formal organization of the present Society was effected in Detroit, June 5, 1866. An editorial notice of the meeting in the *Detroit Review of Medicine and Pharmacy,* Volume 1, Page 188, gives the information that Dr. Morse Stewart of Detroit addressed "about one hundred" physicians assembled, "representing all parts of the state." Dr. Gunn was appointed chairman and Dr. Axford of Flint, secretary. A committee consisting of Drs. Platt, Armor, Wood, Ranney and Andrews was appointed to draft a Constitution and By-Laws and their report "after considerable discussion was adopted nearly as reported" by the committee.

"Resident members who become such upon furnishing the proper credentials, paying the initiation fee of two dollars, and signing the Constitution and By-Laws, are required to be members of local societies, where such exist, and to furnish to the committee an admission certificate of membership from each society."

Honorary members were limited to one hundred, and a two-thirds vote of members present was necessary to election. "Fifteen members constitute a quorum," and "the Code of Ethics adopted is that of the American Medical Association."

The officers elected were: Dr. C. M. Stockwell, Port Huron, president; Dr. A. Platt, Grand Rapids, first vice president; Dr. J. H. Jerome, Saginaw City, second vice president; Dr. J. H. Beech, Coldwater, third vice president; Dr. Bonine, Jackson (Niles?), fourth vice president; Dr. Henry F. Lyster, Detroit, treasurer; Dr. George E. Ranney, Lansing, recording secretary; Dr. G. P. Andrews, Detroit, corresponding secretary.

Committees were appointed on Medical Hygiene, Vital Statistics, Surgery, Practice of Medicine, Obstetrics, Zymotic Diseases, Epidemics and "To Examine and Decide upon Voluntary Contributions for Presentation to the Society"; also an "Executive Committee," a "Committee on Publication" and a "Committee on Ethics."[3]

"Dr. William Wood was born on a farm near St. Thomas, Elgin County, Ontario, August 17, 1838; attended the grammar school at St. Thomas, and taught school in his native county. In 1860 he entered the medical and pharmaceutical departments of the University of Michigan, graduating in medicine in the spring of 1862, and from the department of chemistry in June of the same year. His first practice was in the village of Sparta, where he remained until 1864, when he removed to Grand Rapids, where he had been actively engaged in the practice of his profession until a few days before his death. He was president of the Grand Rapids Medical and Surgical Society in 1875, and was a charter member of the State Society in 1866. He died from paralysis, due to chronic meningitis with effusion, on January 13, 1895. His body was laid to rest beside his mother in Oak Hill cemetery. He leaves a widow, two daughters, and one son."[13]

At the first annual meeting held at Detroit, June 5 and 6, 1867, many notable names in Michigan medicine appear among those elected to membership.

Papers were read by Dr. Bigelow of Detroit, "Notes on a Species of Fungus growing upon the Nesæa Verticillata," and S. P. Duffield of Detroit on "Gelsemium." The president, Dr. C. M. Stockwell of Port Huron, "acknowledged the receipt of a bottle of Swedish leeches of a rare variety from J. A. Drexel of Detroit, who had recently imported them."

Reports on vital statistics "that no provision existed in the state for keeping such statistics," on "obstetrics" on "hygiene" and on "surgery" were made, respectively, by Drs. Noyes, Jenks, Palmer and Lyster.

Attention was paid to measures for carrying into effect the law on registration of births, marriages, and deaths, passed by the previous legislature, and in discussion of this Drs. Andrews of Romeo, Bartholomew of Lansing and Klein of Detroit, participated.

Dr. Brodie of Detroit was made chairman of the Nominating Committee and following nomination the ballot on motion of Dr. Pitcher was cast for the election of Dr. George P. Andrews of Detroit, corresponding secretary, and Dr. A. Platt of Grand Rapids, treasurer. Dr. George E. Ranney was continued in office as recording secretary, a position which he thereafter occupied for many years. A biography of Dr. Ranney appears elsewhere in this history. *(See* "Controversies," Chapter I, this volume.)

Dr. J. H. Jerome of Saginaw was elected president and Drs. Charles Shepard of Grand Rapids, Samuel G. Armor of Detroit, I. Bartholomew of Lansing and Albert E. Leete of Romeo, vice president, these all by ballot.

The *Detroit Review of Medicine and Pharmacy* came in for deserved praise, it being mentioned in a resolution adopted, as "a medium through which the members of the medical profession of Michigan may hold that kind of interchange of thoughts and experiences, which challenges our universal patronage."

The address of Dr. C. M. Stockwell, president, 1867, dealt with "The Physician, What He Is, May and Should Be:"

"When he should be a generalist he is too often a specialist, ministering to a single faculty, disease, or organ, ignoring meanwhile the existence of all others.

"He must possess a knowledge of every organism, of its every peculiar office, and its relative action toward every other organism . . . it is no less important that we study Man, of which whole these are but parts.

"Though from far-off space art has brought within view unknown spheres of light, and from the crystal depths of a drop of water revealed a world of unthought of existences, the dwelling place or substance tangible of mind is yet undiscovered; to it as the vice-regent of unseen God we are compelled to yield unwilling homage . . . Yet how shall its hiding place be reached."

The address is of highly spiritual flavor and in it is quoted that admirable poem beginning, "Find it we shall if anywhere we can," and closing, "The spot where Reverence, with feet unshod, came to consult the Oracle of God."[3]

The committees of the State Medical Society in 1867 were composed of exceptional men, many of them of state- or nation-wide reputation:

Obstetrics—Abram Sager, Ann Arbor; Charles Shepard, Grand Rapids; Horace Tupper, Bay City.

Zymotic Diseases—E. P. Christian, Wyandotte; William Wood, Grand Rapids; Benjamin B. Ross, East Saginaw.

Surgery—Theodore A. McGraw, Detroit; S. M. Axford, Flint; J. B. White, Saginaw City.

Practice of Medicine and Hygiene—S. G. Armor, Detroit; C. B. Gilbert, Detroit; J. R. Thomas, Bay City.

Ophthalmology—J. F. Noyes, Detroit; L. W. Bliss, Saginaw City; J. C. Willson, Flint.

Diseases of Women—E. W. Jenks, Detroit; Isaac Paddock, Pontiac; A. Platt, Grand Rapids.

On New Remedies—S. P. Duffield, Detroit; J. M. Bigelow, Detroit; G. W. Topping, DeWitt.

Executive—I. H. Bartholomew, Lansing; Gordon Chittock, Jackson; Louis Fasquelle, St. Johns.

Finance—William Brodie, Detroit; C. M. Stockwell, Port Huron; H. B. Shank, Lansing.

Publication—G. P. Andrews, Detroit; G. E. Ranney, Lansing; A. B. Palmer, Ann Arbor.

Ethics—L. Foster, Otsego; S. L. Andrews, Romeo; P. A. Knight, Utica.

Dr. Zina Pitcher, Detroit, was elected to membership in the State Medical Society in 1867. He died in 1871.

Dr. O. C. Comstock was elected to honorary membership in the State Medical Society in 1877.[13]

Dr. Herman Kiefer was elected to honorary membership in the Michigan State Medical Society in 1905.[7]

The presidential address of Dr. Edward Cox, of Battle Creek, to the State Medical Society, in 1879, dealt with the topic of "Criminal Abortion."

The following are extracts from the address:

> "Criminal abortion, a crime which has increased so rapidly during the present generation, in the most enlightened communities, that it has created surprise and alarm in all conscientious persons who are informed of the extent to which it is carried.
>
> "When we commenced the practice of the profession, in the year 1839, this vice was almost unknown and scarcely ever practiced by married women. None but the unfortunate maiden or brazen courtesan was guilty of the crime.
>
> "During the past year I have corresponded with more than one hundred physicians of this and other states, all general practitioners, living, a fair proportion of each, in cities, villages and rural districts, and to each have asked this question, to-wit: What percentage of midwifery cases under your observation during the last five years have been abortions or premature births? To which only two replied, less than 10 per cent. One replied 40

per cent; nearly all answered between 10 and 20 per cent, the average being about 16 per cent.

"Dr. Baker, compiler of vital statistics for the State of Michigan, estimated the births in the same for 1872 at 43,081. Calculating the number of miscarriages from the lowest estimate possible to make from the experience of my correspondents, 10 per cent, we have 4,308 as the number of cases for that year.

"According to the census, the number of children in the United States for the year ending June 1, 1870, under one year of age, was 1,110,047. The number of births for the same time cannot be estimated less than 1,210,522. Estimating that 10 per cent of pregnancies terminate in abortion, we find a loss of 121,052 fetal lives during that year.

"The number of women who lose their lives is very great, but for reasons already assigned can never be known. In thirty-four cases reported by Tardieu, when the history was known, twenty-two were followed by death. This is a much larger per cent than generally reported by physicians.

"Deaths from this cause, however, are much greater than the people believe. Our cemeteries are thickly dotted with the graves of its victims. A few years ago, on Decoration Day, in Oak Hill cemetery, I stood beside my friend, Dr. French, who with others was decorating the graves of soldiers. He informed me there were forty graves of soldiers in that cemetery. Turning around, he said, "Here are the graves of two women who died from criminal abortion," and added, "There are more such graves here than of soldiers." On comparing observations with others we became satisfied that his remarks were true. There were less than 3,000 graves in that cemetery; consequently, one and one-third per cent of the interment were from that cause. The cemetery had been occupied about thirty years.

"A combination of circumstances has produced a depraved and debauched public sentiment that not only winks at but condones, palliates, and defends the crime. It goes further in many instances: it recognizes the abortionist as a useful member of society, and even extols him as a benefactor. It will take line upon line, and precept upon precept, facts, figures and eloquence to overcome this false and pernicious sentiment. Yet it must be overcome before we can make the least progress in the much-needed reformation.

"One claims poverty as an excuse and cannot afford to raise a family; another has been married but a few months, and is not ready to commence housekeeping; poor health and the opinion said to have been expressed by her 'old doctor,' that she could not live through another labor, is deceptively given as an excuse by another, but the worst of all the shirks is she whose god is Fashion, of whom Pollock says:

'The distaff, needle, all domestic cares,
Religion, children, husband, home, were things
She could not bear the thought of—
Bitter drugs, that sickened her soul.'

"She will not forego the anticipated tour to Europe, a trip to Saratoga or Long Branch, nor even the pleasures of the gay season, but at the risk of

'Health
And peace, and an eternity of bliss,'

persists in her nefarious designs, claims to be a heroine.

"Opinions differ as to the effect upon our girls of the smattering of anatomy and physiology taught them in our public schools. I have been informed that in the early history of this state an eminent physician and member of the State Board of Education opposed the teaching of these branches in the common schools, saying that

'A little learning is a dangerous thing,'

and prophesying that that little learning would be used for the improper practices of which we have spoken. We do not know that the increase of ante-natal murder has been produced by these teachings, but we do know that since girls have been partially instructed in these sciences, the crime has increased a hundred fold. We therefore cannot dispute him who said,

'Where ignorance is bliss,
'Tis folly to be wise.'

"Another cause of this general turpitude is the ease with which it may be concealed. Women have become so learned that they practice it upon themselves without aid, and in this way escape observation and publicity; and, as has been said, when done by others, the difficulty of enforcing the very imperfect laws is so great, that prosecutions are seldom made, and they have little or no fear of punishment.

"There are many other causes, both of a general and special character, which might be mentioned, but we will merely allude to two more, viz.: 'social extravagance and dissipation,' both of which are equally mischievous with love of fashionable life.

"In America the Roman Catholic Church has taken the lead of all others in this reform. Its ministers preach from the altar the true doctrine, that the 'destruction of the embryo at any period from the first instant of conception is a crime equal in guilt to that of murder,' 'that to admit its practice is to open the way for the most unbridled licentiousness, and to take away the responsibility of maternity is to destroy one of the strongest bulwarks of female virtue.' Their ministers work systematically, hold special services, give special instructions on this as on other social evils.

"The Catholic women set an example worthy to be imitated, for in this country the practice is almost unknown to them. In a practice of forty years, and a professional attendance upon the mothers of nearly 3,000 children, we have never known the crime perpetrated by a married Catholic woman. The women of that church are not generally as learned in the education of our schools as the Protestants; yet, in this matter, if not as learned, they are better educated, and that by the faithful enlightened ministrations of their clergy.

"The Protestant women are educated in the sciences, literature and the fine arts, and all the accomplishments of modern civilization, but as they have never been taught that this, the greatest crime known to God's law, is anything more than a mere peccadillo, they look upon it as a small wrong—the consequence of which is the annual destruction of the vital germ of more than 60,000 human beings, and the lives of 6,000 women in this country, our country of boasted intelligence and Christianity.

"A popular Brooklyn clergyman said, in the course of a late sermon, 'Why send missionaries to India when child-murder is of daily, almost hourly, occurrence? Aye, when the hand that puts money in the contribution-box today, yesterday, or a month ago, tomorrow will murder her own unborn offspring. The Hindoo mother, when she abandons her babe upon the sacred Ganges, is, contrary to her heart, obeying a supposed religious law; and you desire to convert her to your own worship of fashion and laziness, and love of greed. Out upon such hypocrisy!'

"The wiles, artifices and stratagems which women use, when besieging their physician for the commission of this unnatural practice, should not only be met with firmness and decision, but with such teachings and instruction relative to the nature, consequences and criminality of the practice, as is due them from the guardian of their physical condition. Treat the abortionist as a wretch dangerous to society. Ostracize him socially and professionally, teach the people to avoid him as the plague or pestilence; and if, with brazen impudence or serpent-like cunning, he intrudes upon your friends, warn them that he is 'unclean,' advise them 'to pass out of his way and make room for the leper.' Room! Room!

"Our next duty is to instruct all who can coöperate and assist us in this undertaking. The profession occupies a position similar to a normal school, the business of which is to instruct teachers, and the question arises, how can this best be done? It has been thought that delegations or committees from the various medical societies should be sent to the different organizations of which we have spoken as being necessary to coöperate with us. Let competent men be selected to present this subject, personally or otherwise, to the governors and legislatures. They, without doubt, will procure the enactment of such laws as the profession, in their deliberations, think best. Others, suited to the position, can be directed to confer with educators, others with boards of health, with sanitarians, social scientists, with associations of members of the press, and last, though not least, the various theological bodies, where, we doubt not, they will be received as the representatives of an honorable profession, and will obtain their coöperation. The result of this will be the enactment of better laws, an improvement of the press, to make teachers of the members of the various societies of which we speak, and, particularly, will so enlighten the clergy that they will enter upon this work with the zeal, energy and success they have shown in various other reforms.

"Ladies and gentlemen, I have detained you too long. Much that I have said has necessarily been suggested or stated by others. To my correspondents I return thanks for much valuable information they have so kindly furnished. The recommendations and suggestions may seem chimerical, radical and impractical, but they are based upon the belief that success in our undertakings depends entirely upon educating the people to understand the nature, causes, and evil effects of this, the great crime of the nineteenth century, and that without the coöperation of the various associations of which we have spoken a reformation will be impossible. We do not suppose they are all, or the very best that can be made. They are mostly new measures, and we invite criticism and suggestions of other and better ones to accomplish the same object.

"A revival preacher once said to his congregation: 'I am censured for using new measures for the conversion of sinners and the salvation of souls; and you favor no measures at all for the same purpose. I care not whether you be old or new measure men, but hope you will not be no measure men.'

"So with regard to suggestions now made. I care not whether you adopt them or not, provided you will practice other and better means to produce the same result; but pray you will not be no-measure men, and trust that our profession will take hold of this subject in earnest; that physicians will make 'a long pull, a strong pull, and a pull together'; so that before the heads of our young members become 'silvered o'er with age,' they may have the happiness of knowing that this most cowardly crime is made odious, and is no longer perpetrated with impunity; that the depraved public sentiment which tolerates and causes it no longer exists, and the satisfaction of having done their part in rescuing the people occupying the land recently wrested from Indian paganism from a condition leading to a half-civilized heathenism."

A report upon President Cox's address made by a Committee in 1880 concludes as follows:

> "The remedies for this evil under discussion seem now to be susceptible of a brief statement: (1) fearless and correct teaching by the church and all moral agencies; (2) sound physiological instructions by the medical profession; and (3) wise laws efficiently executed. Laws will be efficient when the general intelligence comprehends the physical mischief done, and the general moral sense comprehends the crime committed by every abortionist."
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> FOSTER PRATT, CHARLES SHEPARD, I. E. BROWN.

To the Michigan State Medical Society, 1879, there were contributed papers by Dr. G. K. Johnson of Grand Rapids on "Hodgkin's Disease or Lymphadenosis," on "Hour-glass Contraction of the Uterus," by Dr. J. S. Caulkins of Thornville, on "Clinical Notes on Ovariotomy" by Dr. Donald Maclean, on "Fracture of the Acetabulum with Dislocation of the Femur" by Dr. H. O. Hitchcock. (*See* "Controversies," Chapter I, this volume.)

"Heat or Thermic Force" is the subject of a scholarly address to the State Medical Society by Dr. G. K. Johnson, president, in 1880.

The Committee on Surgery, through Dr. T. A. McGraw of Detroit, made a report at this meeting, excerpts from which follow:

> "Operations had, previously to the introduction of anesthesia, been monopolized for the most part by a few surgeons in the larger centers of population. The mass of the profession had neglected to inform themselves even theoretically in the principles of operative surgery. The elimination of the pain element caused an immediate revolution, and professional ambition, no longer repressed by humane scruples, everywhere seized upon the hitherto neglected art as the stepping stone to honor and fortune. In America our late war had a similar effect. It gave opportunity to practice surgery without any such personal responsibility as would have attended the same practice in civil life. The close of the war, accordingly, found a vast number of ambitious operative surgeons, armed with experience, eager to seize upon the laurels and emoluments of civil surgery. There has probably never been an age, or a nation, in which operations have been so generally practiced by the whole profession as in this nation since the war.
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> "A select few seem disposed to resent any encroachment upon their special province as a personal injury. In certain operations, indeed, like ovariotomy, they boldly claim exclusive rights on the plea that he who cannot operate often cannot hope to achieve the best success—a plea which, if admitted as valid, would, it must be observed, wipe out of existence every practitioner of surgery who did not enjoy the hospital practice of a large city. The assumptions of specialists have been so far admitted by the general profession that many good men hesitate to practice in certain fields, either through distaste or through fear of the censure of those who claim to be better informed.
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> "It is both to the laity and the profession an exceedingly important question how far the profession should yield to this tendency. Is it better that the family physician should practice all branches of surgery, or does such practice prevent a greater good which would come from the multiplication of special students and observers? Is it wise for a medical man to abandon altogether any field of practice or to neglect the acquirement of that knowledge which would make it possible for him to practice any part of the medical art? In short, is it our duty to repress specialism or to encourage it, and if the latter, to what extent?
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> "As regards the community, these questions must be decided on the basis of the greatest good or greatest evil. Has it, on the whole, been a gain to the people that the profession everywhere have practiced as operative surgeons? Remembering that incompetent and dishonest men are everywhere an evil, whether acting as physicians only or also as surgeons, there can be no doubt that the honest endeavor of the trustworthy men in the profession to meet the requirements of their patrons in surgical cases has been of great advantage to those patrons. This will appear evident on but a moment's consideration. There are a thousand and one emergencies constantly happening in every-day practice which require

immediate and skilled attention. The wounded artery must be tied at once, and tied properly; the compound fracture or dislocation must be dressed thoroughly and without delay; the strangulated hernia will not always permit men to run to a great city for help; the extravasated urine must be speedily evacuated or the resulting sloughing will destroy what years cannot replace. Who has not met such cases in practice, and who will not recognize the importance of having skilled practitioners in every village to treat them promptly and properly? And yet your committee will venture to assert that the men who are qualified to meet such emergencies with courage, nerve, and proper judgment are also able, if they choose, to operate for cataract or ovarian tumor. But it is not only for such cases that the home talent is better than foreign. The family physician who esteems it his duty to practice surgery will prevent many maladies from becoming incurable. He will excise the suspicious lump in the breast of his patient and rescue her from cancer. He will recognize the import of a slight limp, and apply the treatment for hip disease in its earliest and most curable stage. The acute inflammation of periosteum or bone will be relieved by the free incision which will save his patient from years of necrosis.

"If surgical practice on the part of the general practitioner is thus advantageous to the community, it is no less so to the physician himself. Putting aside the reputation and emoluments which arise from successful surgery, the practice itself teaches many lessons, not only of courage and presence of mind, but also of pathology. The study of vital processes in wounds is necessary to the proper comprehension of internal diseases. The diseases of the abdomen, for instance, can never be so thoroughly understood by the mere physician as by him who has also witnessed its surgery. The surgeon who has performed ovariotomy, cut down upon a cecal abscess, or operated for hernia, has learned many things which would never have come to him in any other way. There can be no question that the practice of surgery adds vastly to the experience, skill, and mental development of the general practitioner. The limits of special practice, on the other hand, tend inevitably, to a certain extent at least, to dwarf the man. What he gains in technical knowledge he loses in grasp of principle. That a certain advantage accrues from the devotion of certain men to limited fields of practice is indeed self-evident. Such men acquire the most intimate acquaintance with the technicalities of their special branch.

"Whatever fields the general profession may choose to yield to the specialist in practice, this right of criticism they should never abandon. But how can any man hope to criticise intelligently an art that he has never practiced and of which he has only the most superficial and general knowledge?

"For all concerned, therefore, it is better that the family physician should practice surgery in all its branches. The community need the skilled aid at home, where it is accessible. The profession require the intelligent coöperation in all projects for professional progress, and he himself should have the training and experience, without which he must be of necessity a one-sided and deficient practitioner.

"The operator may no longer delegate the dressing of wounds to nurses or friends. In certain operations, such as ovariotomy, if we follow the strict antiseptic precautions of some of the German surgeons, we find that the preparation for an operation is a very formidable affair. Immediately before the operation the operator takes a complete bath, changes all his clothing in order that no chance germ from a previous case of erysipelas, puerperal fever, or like contagious disease, may poison his patient; he requires all his assistants and all the bystanders to do the same; has the operating room thoroughly and carefully disinfected, as likewise all the sponges, instruments, dressings, et cetera. The success of ovariotomies and other cases of abdominal section under these precautions has been something wonderful, and if future experience should not prove them to have been merely coincidental, it will become obligatory upon every surgeon to do likewise. Imagine the revolution that the adoption of such a course would cause in American practice. Should the antiseptic system prevail—*and it is now on its trial* [1880]†—it will almost of necessity force the operating surgeon out of general practice, for no man who is liable to be called at any hour to cases of typhoid fever, puerperal fever, scarlatina, measles and the like, can have it in his power to comply with such strict rules; for it must be remembered that the procedure is not one simply of cleanliness.

"He who enters his profession properly trained should have a comprehensive idea of it. It is our methods of instruction which are at fault, and which have by no means kept pace with the growth of surgery.

"What are we to think of our present system of medical education, when, in the face of the recent enormous acquisitions to our knowledge, scarcely more is required for graduation than was thought necessary thirty years ago?

"A few medical colleges, Mr. President and gentlemen, have abandoned the old plan of teaching for a new one of greater promise. It is a credit to Michigan that every one of her medical schools stands committed to the higher education of medical men.

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†Italics are the reviewer's.

"In Michigan it will be henceforth impossible for any man to enter a medical college who has not passed a certain preliminary examination, nor to graduate until he has attended three courses in three years and in graded classes.

"Now that Michigan colleges have taken this step in advance, is it too much to ask of the profession of Michigan that they, too, shall pledge their support to the new movement by promising to encourage the schools which adopt it and to refuse utterly any support to such colleges as prostitute their office by turning loose upon the profession an annual flood of ignorant M.D.'s?"

A proposal made at this meeting to change the organic law of the State Medical Society so as "to admit to membership in this body only delegates from local medical societies" was rejected the following year.[13]

At the meeting in 1880 Dr. J. S. Hamilton of Tecumseh, Dr. D. S. Hall of East Saginaw and Dr. Eleazar Hall of Saline were made honorary members.[15]

A report of the committee on re-organization of the State Medical Society, making it a delegate body, was given at the meeting in 1885, by Dr. George K. Johnson of Grand Rapids.

The State Medical Society was "the first of all other state societies to divide into sections for scientific work."[13]

At the banquet of the Society in 1881, Dr. Jerome responded as follows to the toast "The Michigan State Medical Society and Its Founders":

"The language of the sentiment, 'The Michigan State Medical Society and Its Founders,' would indicate that it, like all other human institutions, had a beginning, and that somebody was responsible therefor. This is eminently true. This society had its beginning, and had its founders, too, many of whom I remember well. They came from different parts of the state with common accord, with no apparent object other than to organize the professions of medicine and surgery in this state, under a creditable code of ethics, with a constitution and by-laws suited to its object. They were earnest, self-sacrificing men, with whom, though a comparative stranger in the state, it was a great pleasure for me to mingle. It was an association which I early learned to love, and its founders to revere; their memory is fresh and sacred in my heart today, bringing with it mingled emotions of pleasure and sadness.

"It is joyful to think of the grand results which have followed in the train of these endeavors, as evidenced in the exalted character and numbers of our profession which are gathered around this festive board tonight. And our sadness springs from the reflection that a material number of these founders have passed to their final reward, amongst whom, as I now remember, were Drs. Pitcher of Detroit, Axford of Flint, Leete of Romeo, and Sager of Ann Arbor. These still live in the memory and hearts of their survivors; and as I look over the present assemblage the grey hairs of many more give evidence that they are soon to follow in this gathering of mortals home.

"These yearly convocations have come to be an epoch in the history of my expectations, as the oases of my professional pilgrimage. It is needless for me to say that I love to look into the faces of the men who come yearly to these gatherings and place upon the professional altar their contributions of accumulated wisdom, as there is no class of men on the face of the earth with whom I take so much pleasure as the honorable and honored members of the medical profession, individually or organized.

"That the profession in this state should not only organize themselves but maintain an independent individuality, was the great hope of its founders. In its progress antagonisms have arisen, frequently of a most formidable character, and yet these frictions, however sharp, where the intention was pure, have not infrequently served to brighten our friendships, rendering them more pure and lasting; and we are happy tonight in the reflection that out of these frictions has grown a distinct organization—no dogmas or isms are known to exist within its pale. Its bearing towards every institution of learning in our state is respectful, while none of these are permitted to say, 'We bid you thus.'

"Although this society had its beginning, its end is not yet. Its steady and continuous growth amongst the most honored members of our fraternity, youthful and aged alike, is an assurance that the final success contemplated by its founders will be realized."[13]

Dr. William Brodie sent regrets for non-attendance at the State Medical Society meeting in 1889, "the first time in the history of the Society."

The question of affiliation of county medical societies through the State Medical Society with the American Medical Association being up for consideration in 1899, Dr. Smith moved that the Monroe County Medical Society be accepted.[13]

Whereupon:

"Dr. Leonard: Is that in affiliation with the American Medical?

"The Secretary: Not at present.

"Dr. Smith: I move the adoption in our state society.

"Dr. Leonard: I understand this Monroe County Medical Society does not affiliate and its by-laws do not require it to affiliate.

"Dr. Smith: I think you are mistaken.

"The Secretary: It could if it wanted to, but it never has asked to.

"Dr. Smith: It subscribes to the code of ethics; that is sufficient for us.

"The Secretary: It does, yes sir; I know that.

"Dr. Southworth: I am the secretary of the Monroe County Medical Society; I can answer for that. We have a very small society and it makes very little difference whether we are affiliated with the state society or not, because the members of the Monroe County Medical Society do not take enough interest in the society to even attend their own meetings. There are several of them who are already members of the state society and haven't attended any of the meetings for several years. I move that the Monroe County Society be not affiliated and make it harder for those men to get in.

"Which motion was supported.

"Dr. Leonard: I move that it be referred to the Judicial Council.

"The President: Does the mover accept that amendment?

"Dr. Southworth: Yes, sir.

"The motion last made prevailed."

On the table at this moment of writing lies a clipping from the *Journal of the American Medical Association* announcing the death on September 12, 1927, of Dr. Eugene Smith, late of Detroit; also the "Transactions of the State Medical Society" in 1884, bearing an article from his pen on "Treatment of Granular Lids by Jequirity." He was a frequent and always interesting contributor to the programs of the state and other numerous medical societies of which he was a member. His work was highly valuable. His personality was winning and he enjoyed the sincere friendship and confidence of the medical profession.

'Twas an extraordinarily interesting meeting—that of the State Medical Society in 1894 under the presidency of the late Dr. Eugene Boise of Grand Rapids, both from the quality of the papers presented and the active participation in discussions and in the business program of notable members of the profession of that time.

Dr. Joseph Eastman of Indianapolis contributed a paper to the Surgical Section on "Suprapubic Hysterectomy by Enucleation of Tumor and Uterus Including Cervix," in which he incorporated a bit of readable verse—

Chirurgia's tower, thy light's resplendent blaze
Dries woman's tears, and lengthens out her days.
McDowell and Sims, of our Columbia's clime
Began the work pushed onward now sublime.
To woman, then, these blessings shall be given,
Queen of the home, and home the type of Heaven.

"Abdominal surgery," he said, "is proud of her past, because it is prophetic of her future."

At the conclusion of the paper he exhibited a siphon "used with a large drainage tube with many openings which he called 'Jacob's well.' "

Speaking of wells, why not, under the circumstances, "Rebecca"?

He was elected an honorary member of the Society.

Apart from those papers of which brief mention is made elsewhere, there were symposia on surgical subjects, the relations of gynecology and psychiatry and sundry contributions from eminent members of the profession. Alas, the voices of all but a small number are long since hushed. Here are their names.

P. D. Patterson, Charlotte
H. W. Longyear, Detroit
C. Henri Leonard, Detroit
A. W. Alvord, Battle Creek
W. P. Manton, Detroit, Pasadena
J. N. Martin, Ann Arbor
E. P. Christian, Wyandotte
N. W. Webber, Detroit
W. J. Herdman, Ann Arbor
William M. Edwards, Kalamazoo
Chas. W. Hitchcock (secretary), Detroit
E. L. Shurly, Detroit
J. E. Emerson, Detroit
G. K. Johnson, Grand Rapids
D. W. C. Wade, Holly
H. B. Baker, Lansing
Geo. E. Ranney (secretary for years), Lansing
D. E. Welsh, Grand Rapids
J. B. Griswold, Grand Rapids
W. F. Breakey, Ann Arbor
J. H. Carstens, Detroit
Donald Maclean, Detroit
H. O. Walker, Detroit
Hugh McColl, Lapeer
T. A. McGraw, Detroit
Hal C. Wyman, Detroit
William Fuller, Grand Rapids
G. E. Frothingham (formerly of Ann Arbor), Detroit
David Inglis, Detroit
S. S. French, Battle Creek
L. W. Bliss, Saginaw
E. B. Ward, Laingsburg
Heneage Gibbes, Ann Arbor
Horace Tupper, Bay City
C. T. Newkirk, Bay City
Herbert M. King, formerly of Grand Rapids, later superintendent of the Loomis Sanitarium in New York

Dr. King gave the annual address on "Physical Diagnosis and Modern Therapeutics" to the Michigan State Medical Society in 1896.[13]

In 1897 he reported three cases to the State Society: "Splenic Anemia or Pseudo-Leukemia," "Genitourinary Tuberculosis," and "Tuberculosis Involving Hip Joint, Lungs, Testicles, Inguinal Glands and Lumbar Vertebræ."[13]

Dr. Elmore S. Pettyjohn, of Alma, who contributed to the success of the 1894 meeting, moved to Chicago.

It is written of Dr. King by Dr. B. R. Corbus that "he kept up his interest in the profession of Grand Rapids until his death, and until the

Grand Rapids Academy of Medicine disbanded he came on here each year for the annual meeting."

Verily, a galaxy of great names—builders of medicine in Michigan.

Among those present and participating in the program of 1894, still (as this is written in 1927), *Gott sei dank,* in the land of the living are: The distinguished Victor C. Vaughan; W. G. Henry (treasurer), Detroit, who after several years of successful practice abandoned medicine and entered industrial pursuits; F. W. Robbins, surgeon, who retired from practice after years of usefulness and now resides in Pasadena; E. T. Tappey, surgeon (retired), Detroit; J. M. Snook, veteran surgeon still in practice in Kalamazoo; R. W. Gillman, the accomplished ophthalmologist, Detroit; Reuben Peterson, teacher, soldier, ex-president of the State Society, then of Grand Rapids, now professor of obstetrics and gynecology in the University; George Dock, late professor of internal medicine at the University, later still in similar relation to Tulane and St. Louis Universities, now in a consulting practice in Pasadena; J. A. Wessinger, Ann Arbor; Jeanne C. Solis, Ann Arbor; L. Anna Ballard, Lansing; C. M. Droste, Grand Rapids.

Dr. Reuben Peterson congratulated Dr. W. P. Gamber, of Stanton, upon his paper on "Bacteriology in Midwifery and Prophylaxis of Puerperal Fever." He said it was the only paper upon the subject which had been presented to the Society during his connection with it.[13]

The famed surgeon-soldier, Angus McLean, occupied the humble but useful position—secretaries are the principal dependence of all societies—of secretary of the Surgical Section and was doubtless mainly thankable for the excellent program.

And among those who joined the Society at that meeting are two collaborators to this history—who are now in the rank of veterans—Drs. Andrew P. Biddle and Frank B. Tibbals.

Others admitted were Henry J. Hartz, A. W. Ives, F. B. Walker and Dayton Parker, of Detroit; W. E. Burtless, of St. Clair; H. W. Graham, of Mt. Morris; Arthur Cushny and F. G. Novy, of Ann Arbor; F. W. Shumway, of Williamston; Emma D. Cook, of Detroit; Henrietta A. Carr, of Grand Rapids, and Jeanne C. Solis, of Ann Arbor.

Dr. D. Emmett Welsh (1858-1926), a native of Pennsylvania, was graduated from Jefferson in 1878. For six years he practiced in that state and was physician for mining and coal companies. He then had a special course of study in eye, ear, nose and throat diseases at the University of Pennsylvania, and, later, instruction in London, Paris and Edinburgh.

He was ex-president of the Grand Rapids Board of Health, pension examiner appointed by President Cleveland, ex-president of the Grand Rapids Academy of Medicine.[4]

He was an ophthalmologist of high repute; was an influential member of the Michigan State Medical Society; was an ex-president (1912) and for twelve years treasurer of the Society. "Possessing a unique personality he arrested and attracted friends from every avenue of life who mourn his departure."[13]

Indications from the transactions are that the State Medical ship was headed for the rocks in 1895. It was originally organized as the Peninsular State Society in 1853; was reorganized as the Michigan State Medical Society in 1866, and has thrived, if not invariably in happy living, until the present day.

At the meeting the year mentioned, the retiring secretary, Dr. Charles W. Hitchcock, sounded a mournful note. He reported thirty-four members in arrears for dues for three years. These had been "politely and repeatedly notified of their delinquency," but had not come across and "will now lose their membership." There were also fifty-four members in arrears for two years. In scanning these lists the present writer finds not a few notable names, some of close friends, to whom, had he been in possession of them at the time (which he wasn't) he would have cheerfully loaned the sesterces sought that indebtedness might have been extinguished.

The secretary was apparently unsympathetic with a plan prepared by the American Medical Association for a county unit organization. While admitting it "commendable in many ways" it seemed to him impossible of adoption in many of the thinly settled counties. There was "nothing systematic about" the existing county and district organizations, and where "our state borders other states, societies exist that draw their membership from two or three"—so it seemed to him there "were many obstacles."

Himself faithful to the obligations which his church imposed, he discovered an analogy between these and the duties of doctors, and suggested that it would be "good missionary work for all members" to go out and preach the word among the indifferent "until *all* the good men in the regular profession are members of this Society."

Although this aim may appear Quixotic, it is but just to add that Hitchcock was one of the sort that responds to invitations to help out in situations requiring sacrifice of time, or possibly involving inconvenience. He was responsive and prompt—attributes the possession of which more than one collaborator to this history will declare admirable.

"Charles W. Hitchcock, M.D., son of the late Dr. Homer O. Hitchcock, who was for thirty years a practitioner of medicine at Kalamazoo, Michigan, and Fidelia (Wellman) Hitchcock, was born at Kalamazoo, July 26, 1858. After attending the public schools he entered the University of Michigan, from which he was graduated M.A., in 1880. Following his graduation he was in charge of schools in Michigan and Iowa for two years, and in 1882 commenced the study of medicine. He was graduated M.D. from the Detroit College of Medicine in 1885, and was at once made assistant physician to the Eastern Michigan Asylum for the Insane, holding that position for a year and a half. He then took a post-graduate course in surgery in the New York hospitals and in 1887 located in Detroit, Michigan, where he has ever since practiced his profession with marked success. He has built up a general practice, but devotes considerable time to mental and nervous diseases and surgery. Dr. Hitchcock is chief surgeon to the Standard Life and Accident Insurance Company of Detroit, having held that position since 1889; is attending neurologist to Harper Hospital at Detroit; is a fellow of the American Academy of Medicine; an honorary member of the National Association of Railway Surgeons; a member of the Michigan State Medical Society, of which he was secretary from 1890 to 1895; of the Detroit Medical and Library Association; and was president of the Detroit Academy of Medicine, 1896-1897. He is also a member of the Psi Upsilon fraternity, the Phi Chapter."[8]

Dr. Hitchcock served as secretary and sometime president of the Detroit Society of Neurology and Psychiatry. He died November 27, 1926.

In one respect the 1895 meeting was epochal and too much credit cannot be given to the Committee on Admissions, consisting of Drs. H. D. Thomason of Albion, R. LeBaron of Pontiac, and William M. Edwards of Kalamazoo.

The above committee thoroughly investigated objections, made at a previous meeting, to the admission of two candidates—one a woman—and found them entitled to membership. Furthermore—and most important for the future of the profession—the committee reported favorably upon the application for admission of two candidates, one of whom was a graduate from a homeopathic, the other from an eclectic medical school. Both had renounced "allegiance to any exclusive dogma" and pledged themselves "to observe all the points of ethics required of members of the Society."

In the fullness of time it is apparent that had this committee determined otherwise the profession of this state would have been incalculably the loser. The report was a broad-minded pronouncement and its signers entitled to perpetual credit. They laid the corner-stone of tolerance and good will, and their work lives after them.

The only member of this committee still living (in New York) at the time this is written (November, 1928) is Dr. Henry Doony Thomason, Lieut. Colonel, U. S. A., septuagenarian, retired.

Peace to the ashes of those who are gone!

Bills "to provide for the immediate registration and prompt return and compilation of births and deaths in Michigan" and "to establish a board of registration and to regulate the practice of medicine" favored by the State Medical Society, were introduced in the legislature of 1895. The committee having in charge the first was composed of Drs. Connor, Herdman, Boise, Ranney and Baker; that of the second, Drs. G. V. Voorhees, Herdman, Griswold, Snook and Newkirk.

They both fell flat. As to the first, "Comment upon the course of the Committee on Public Health is superfluous," the committee declared—which is decidedly a *multum in parvo* expression. As to the second, the bill "has been on a mere clerical error vetoed by the Governor," the report reveals.

The Society repressed surprise, if it entertained any, and considered a resolution by Dr. Carstens reciting that—

> "WHEREAS: The legislature has passed a bill regulating the practice of medicine, placing the State of Michigan in the ranks of other states, and preventing other states and Canada from dumping in our midst all the charlatans, disgraceful to the profession, and
>
> "WHEREAS: This law was worked through the legislature by the untiring efforts and the fine tact of Dr. George V. Voorhees, Therefore be it
>
> "RESOLVED: That the Michigan State Medical Society herewith tender a vote of thanks to Dr. G. V. Voorhees" . . . for zeal, talent, etc.

Dr. Boise thought the other gentlemen should be included.

Dr. Frothingham favored the thanksgiving, but would avoid personal mention.

Dr. Carstens said Dr. Voorhees "did most of the work."

To Dr. Maclean the "charlatan" part sounded "rough to (my) ears," and Dr. Carstens accepted the "grammatical improvement of my friend, Maclean."

Dr. Carstens said, very justly and appropriately, after the motion, as amended, was carried that "if we claimed half as much as the lawyers did we would have the earth."

Later on in the meeting, apparently with uncanny vision of grand juries, bribe giving, and the corrupting influence of such a large amount of money, the writer of this review moved "that fifty dollars be tendered to Dr. Voorhees for services to the Society." When the president inquired "What for?" and mentioned that there was nothing "to be kept secret," the reply was that it was "in behalf of medical legislation at Lansing" and reimbursement for actual money expended. "I desire simply to have my motion go on record in the way I have made it," he added.

Dr. McGraw "heartily" seconded the motion and would "not hesitate to let it go on record."

Dr. Mulheron: "Let it go on record."[13]

And it did. (C. B. B.)

Dr. Cressey L. Wilbur (1865-1928), born in Hillsdale County, received his bachelor's degree from Hillsdale College and his medical degree from Bellevue Hospital Medical College, New York. He served as statistician in charge of vital statistics in the Department of State for many years, resigning in 1904 to become Chief Statistician for Vital Statistics at the Bureau of Census. Dr. Wilbur gave excellent service to the Bureau of Census in the organization of the registration area for vital statistics, developing this area in a thorough manner and greatly extending it. He served as official representative of the United States to the International Statistical Institute in Paris in 1909, and in 1914 resigned from the Census to accept the appointment as director of the Bureau of Vital Statistics of the State Department of Health at Albany, New York. Dr. Wilbur is entitled to a very great credit for the advancement of vital statistics in the United States. He had been ill for a number of years prior to his death. Dr. Wilbur was the author of many articles on registration and the use of vital statistics.

He practiced in Hillsdale for one year (1891).

His achievements in the line of vital statistics as recorded in "Who's Who" are vast. Among others are the drafting of the vital statistics law first adopted by Pennsylvania which has become the pattern for similar legislation, throughout the country. He also drafted the United States standard certificate of death.

Dr. Cressey L. Wilbur is quoted in 1898 on the value and *timely* character of the "new system of registration" of vital statistics as follows:

> "All branches of vital statistics are now in satisfactory condition in this state except the registration of births. These are collected under the same antiquated system that proved a failure in Michigan in collecting deaths for thirty years. Your committee wisely directed its efforts first to the improvement of the registration of deaths, and now, that object being so effectually accomplished, I trust it will turn its attention to the greatly needed improvement of our birth statistics. Personally, I shall be glad to lend any assistance in my power at any time to further the efforts of the committee and of the State Society in this purpose."[13]

The foregoing is an excerpt from the report of the "Committee of the State Medical Society on the Improvement of the Registration of Births and Deaths in Michigan," signed by Leartus Connor, Eugene Boise, H. B. Baker, G. E. Ranney, W. J. Herdman.

And at the same meeting the report of another committee, this one on "the establishment of a national board or bureau of health," complete, painstaking and conclusive, was adopted unanimously. To this report the names of C. Henri Leonard, A. W. Alvord and D. W. C. Wade were affixed.

Committees were of admirable composition and thorough-going in activity in those days and pleas of lack of "time" were rarely forthcoming. Every one of the above eight was a friend of the writer, who would fain pay tribute to their memory.

Another committee reports in 1898 that the "unsettled and excited condition of the state at the present time [Spanish-American War] precludes the possibility of any effective work" in the direction of ascertaining the requirements for membership in the many local societies throughout the state.

At the meeting of the State Medical Society in 1897, the annual address on surgery was given by Dr. W. F. Strangways, then of Flint, now (November, 1928) of Little Rock, Arkansas; on gynecology by Dr. J. H. Carstens, and on medicine by Dr. E. L. Shurly.

An innovation appeared in a paper by the learned Clarence A. Lightner, Esq., of Detroit, on "Legal Aspects of Preventive Medicine." Of quarantine, Mr. Lightner declared, "The right of the legislature (or any municipal body or administrative board to which it may delegate its power) to pass any measure which it may deem necessary to prevent the introduction or the spread of contagious disease is undoubted."[13]

The following are recommended in 1898 for affiliation with the State Society: The "Academy of Medicine of Grand Rapids," the "Medical and Surgical Society of Grand Rapids," the "Monroe County Medical Society," the "Upper Peninsula Medical Society," "Saginaw County Medical Society," "Detroit Academy of Medicine," and the "Detroit Gynecological Society."

As to another society the report continues, "The Northeastern District Medical Society of Michigan, admitting members under an article of its constitution, which reads in part as follows: 'Any regular physician residing within the counties of Oakland, Lapeer, Macomb, St. Clair, Sanilac and Genesee may become members of this society. . . . But if any candidate is not a graduate of an approved medical college, he may, by a vote of the society, be required to pass an examination before a committee of five elected for that purpose,' is reported to the State Society without recommendation from the committee."

Whereupon, as might have been conjectured, there were questions and protests.

"Dr. A. W. Alvord: I would like to inquire why certain societies are omitted in the report, as, for instance, the Calhoun County Medical Society. For twenty years this society has sent its delegates to the American Medical Association. I do not think it has a single member who is not a regular graduate, and yet, according to this resolution or report, this society is ruled out. I simply suggest the Calhoun County Medical Society because it is probably one of several others. It strikes me, although I am not speaking to any motion, that this report would work some injustice to such societies, as well as indirectly to this State Society.

"Dr. Hugh McColl: One of the oldest societies is the Northeastern District Medical Society, which has a clause in its old constitution such as was read this morning; but no person is admitted to that society now except regular graduates. The Northeastern District Medical Society has been in existence some forty-eight years; it has been represented in the American Medical Association, and it is on the list of the American Medical Association today. All its members in the future are required to be graduates, because the conditions have changed since the origin of that society to the present time. I would not like to see the Northeastern District Medical Society shut out from representation in this Society.

"Dr. J. Henry Carstens: There are a number of first-class societies not on the list. The committee could not help that, because they did not know. They really want more time to investigate this question. I therefore move that that part of the report pertaining to new members be adopted, and that that portion of it pertaining to the list of societies be referred back to the committee."[13]

Dr. Beverly D. Harison was born in St. Lawrence County, New York, was educated at Bishops College School, Lennoxville, Trinity College School, Port Hope, and Toronto University, Canada, from which latter institution he was graduated in medicine in 1882.

From 1885 to 1888 he was surgeon and physician to the Spanish Lumber Company, Ontario; in 1888 began practice in Sault Ste. Marie, Michigan. Through his efforts largely, as chairman of a committee of the State Medical Society, the Chandler Medical Bill was passed by the Michigan legislature. This established a State Board of Registration in Medicine of which he became member and secretary, continuing in the latter position until his death in 1925.

He was also (in 1900) president of the Board of Trustees of the Upper Peninsula State Hospital, at Newberry; was formerly president of the Upper Peninsula Medical Society and was president of the State Society in 1905. He was sometime coroner of Chippewa County, medical superintendent of the Sault Ste. Marie General Hospital, surgeon to a local power company and to several railroads.[9]

Dr. B. D. Harison of Sault Ste. Marie, long secretary of the Board of Registration in Michigan, in his presidential address to the State Medical Society, 1905, points out that previous to the Howell Medical Act of 1883, there was a "period of free trade in medicine," that "all the law required to legally practice medicine and therefore have the legal standing of a physician and surgeon was that the person so practicing should hold himself out to the public as a physician and surgeon."

"So little was known," Dr. Harison continues, "under this act, as to what constituted the qualifications for registration, even by attorneys, and the enforcement of such act by prosecuting attorneys was so entirely neglected that it was possible to register, practice medicine, sign death certificates, and give expert testimony in court upon a certificate of almost any kind."

Came thereupon the "period of legalized 'free trade' in medicine, 1883 to 1899." Instances are cited of flagrant offenses during the life of the 1883 act, Michigan becoming a favorite "dumping ground" "for those persons who had obtained [these] fraudulent diplomas."

The "Chandler Medical Act of 1899" and the "Nottingham Medical Act, 1903" followed, but, notes Dr. Harison, "it is one thing setting and publishing a high or sufficient standard of preliminary or medical examination. It is quite a different proposition enforcing and maintaining such standard."

As to the "penal section of medical act" he comments, "nine out of ten persons properly charged with a violation of the medical act were acquitted."[13]

In connection with the above, comments of the *Bulletin of the Wayne County Medical Society,* July 10, 1928, are of no little interest and are wisely suggestive.

> "The lesson learned from this most recent drive [upon charlatans and quacks in Detroit] while not a new one, showed first of all that the Medical Practice Act is sadly in need of amendment so that the State Board of Registration in Medicine will be empowered to revoke, for cause, without recourse to jury trial first, licenses to practice medicine. Given this power, more complete control over the establishment of these offices will be had since the licensee upon whom these charlatans depend for the protection their practices require, may then be removed as rapidly as the nature of his employment is disclosed.
>
> "With this change, too, a more vigorous prosecution of these 'gyp' artists may be expected on the part of our law enforcement agencies—provided, of course, that sufficient public funds are allotted for the purpose and persistent prodding is resorted to by those whose duty it is to look after the general health of the community.
>
> "The proposition resolves itself into one in which a choice must be made between spasmodic attacks, hastily initiated and just as hastily suspended, and a long drawn persistent war whose purpose shall be the ultimate clean-up of this parasitic infestation. The latter more desirable method is the one which should be put into use as rapidly as the many loose ends which the situation now presents have been gathered in."

Presidents of the Michigan State Medical Society

C. M. Stockwell, M.D., Port Huron	1866†
J. H. Jerome, M.D., Saginaw	1867
Wm. H. DeCamp, M.D., Grand Rapids	1868
Richard Inglis, M.D., Detroit	1869
I. H. Bartholomew, M.D., Lansing	1870
H. O. Hitchcock, M.D., Kalamazoo	1871
A. B. Palmer, M.D., Ann Arbor	1872
E. W. Jenks, M.D., Detroit	1873
R. C. Kedzie, M.D., Lansing	1874
Wm. Brodie, M.D., Detroit	1875
Abram Sager, M.D., Ann Arbor	1876
Foster Pratt, M.D., Kalamazoo	1877
Edward Cox, M.D., Battle Creek	1878
Geo. K. Johnson, M.D., Grand Rapids	1879
J. R. Thomas, M.D., Bay City	1880
J. H. Jerome, M.D., Saginaw	1881
G. W. Topping, M.D., DeWitt	1882
A. F. Whelan, M.D., Hillsdale	1883
Donald Maclean, M.D., Detroit	1884
E. P. Christian, M.D., Wyandotte	1885
Chas. Shepard, M.D., Grand Rapids	1886
T. A. McGraw, M.D., Detroit	1887
S. S. French, M.D., Battle Creek	1888
G. E. Frothingham, M.D., Detroit	1889
L. W. Bliss, M.D., Saginaw	1890
George E. Ranney, M.D., Lansing	1891
Charles J. Lundy, M.D., Detroit	1892
Eugene Boise, M.D., Grand Rapids	1893
Henry O. Walker, M.D., Detroit	1894
Victor C. Vaughan, M.D., Ann Arbor	1895
Hugh McColl, M.D., Lapeer	1896
Joseph B. Griswold, M.D., Grand Rapids	1897
Ernest L. Shurly, M.D., Detroit	1898
A. W. Alvord, M.D., Battle Creek	1899
Philo D. Patterson, M.D., Charlotte	1900
Leartus Connor, M.D., Detroit	1901
A. E. Bulson, M.D., Jackson	1902
W. F. Breakey, M.D., Ann Arbor	1903
B. D. Harison, M.D., Detroit	1904
David Inglis, M.D., Detroit	1905
C. B. Stockwell, M.D., Port Huron	1906
Herman Ostrander, M.D., Kalamazoo	1907
A. I. Lawbaugh, M.D., Calumet	1908
John H. Carstens, M.D., Detroit	1909
C. B. Burr, M.D., Flint	1910
D. Emmett Welsh, M.D., Grand Rapids	1911
Walter H. Sawyer, M.D., Hillsdale	1912
Guy L. Kiefer, M.D., Detroit	1913
Reuben Peterson, M.D., Ann Arbor	1914
A. W. Hornbogen, M.D., Marquette	1915
A. P. Biddle, M.D., Detroit	1916
A. P. Biddle, M.D., Detroit (continued in office)	1917
A. M. Hume, M.D., Owosso	1918
Charles H. Baker, M.D., Bay City	1919
Angus McLean, M.D., Detroit	1920
W. J. Kay, M.D., Lapeer	1921
W. T. Dodge, M.D., Big Rapids	1922
Guy L. Connor, M.D., Detroit	1923
C. C. Clancy, M.D., Port Huron	1924
C. G. Darling, M.D., Ann Arbor	1925
J. B. Jackson, M.D., Kalamazoo	1926
H. E. Randall, M.D., Flint	1927
L. J. Hirschman, M.D., Detroit	1928

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†The year given is that of election, each president officiating at the meeting the year following with the exception of Dr. Abram Sager (1876) and Dr. Charles J. Lundy (1892).

"Dr. A. W. Hornbogen, of Marquette, was unanimously elected president of the State Society for the ensuing year (1915-1916). President Hornbogen is 48 years of age, having been born in Reeds, Minnesota, October 31, 1866. He graduated from the College of Physicians and Surgeons, Chicago, in 1889 and was the valedictorian of his class. He served an interneship in Cook County Hospital from October, 1889, to April, 1891. In 1912 he spent six months in doing post-graduate work in Vienna and Berne. He is surgeon to the Duluth South Shore and Atlantic Railroad and the Upper Peninsula branch prison and house of correction.

"In medical society work, Dr. Hornbogen has always taken an active part. He is a member of the Marquette-Alger County Society, American Medical Association and Fellow of the American College of Surgeons. In 1909 he served as president of the Upper Peninsula Medical Society. He is a life member of the Vienna American Medical Association.

"It may be confidently predicted that his administration will witness the continuance of the good work of the Society and that the close of the year will record a satisfactory advancement of all our undertakings."[7]

Secretaries of the State Medical Society

George E. Ranney, M.D., Lansing	1866-1886—20 years
George Duffield, M.D., Detroit	1886-1890— 4 years
Charles W. Hitchcock, M.D., Detroit	1890-1895 —5 years
Collins H. Johnston, M.D., Grand Rapids	1895-1900— 5 years
A. P. Biddle, M.D., Detroit	1900-1906— 6 years
B. R. Schenck, M.D., Detroit	1906-1910— 4 years
Wilfrid Haughey, M.D., Battle Creek	1910-1913— 3 years
F. C. Warnshuis, M.D., Grand Rapids	1913- —16 years (1929)

One of the war-time presidents of the Michigan State Medical Society was Dr. Arthur M. Hume of Owosso. In the nominating speech concerning this popular candidate in 1918 it was said, among other things:

> "This is a day of big guns—shooting popguns is out of the game. This is a day for war horses—ponies are no more available. Neither are wild asses from the prairies of Nebraska where their braying has ceased.
>
> "This is a day of tanks, of a certain kind. In this Society we need, particularly, at this crisis, as presiding officer a big, red-blooded, loyal man—and such we have—and we have many more such available—but the one I wish to name is thoroughly well known to every member of the medical profession in this state. He has had military experience; he is a forceful speaker, a versatile writer, has been long identified with this Society, a real war-horse in it—a really big gun—he is a tank of a certain kind, a tank filled with medical wisdom, a tank full of benevolence and the milk of human kindness, charity—those things so desirable in the character of a well-ordered medical man—I take great pleasure in nominating, Mr. President and Fellow Members of this Society, for the high office of president of the Michigan State Medical Association, Arthur M. Hume, of Owosso." (Great applause.)

Dr. C. B. Stockwell supported the nomination and there were no others.

Dr. Arthur M. Hume, president of the State Medical Society in 1919, has wide contacts. He was born in Michigan in 1859; educated in high school and academy in Lenawee County. He taught for five terms at the age of 16 in a country school; was graduated at Detroit Medical College, 1881; practiced in Bennington for two years; became in 1883 a partner of the pioneer and estimable physician, Jabez Perkins, Owosso; has held the positions of health officer and president of the board of health, ten years member of the board of education; two terms mayor of Owosso; medical officer of Michigan National Guard and in 1898 acting brigade surgeon at Island Lake during organization of guard for Cuban service; surgeon of Michigan Central and Ann Arbor Railroads; Past Grand Master of Grand Lodge of Masons; fellow of the American College of Surgeons; active in local medical societies and member of the State Medical Society since 1883.[6]

Of abounding kindness and good will, competent in his profession, beloved by his patients, he justly enjoys with these, and with his medical confreres, extreme popularity.

Dr. Hume was recommended for honorary membership in the State Medical Society by the Medical Society of Shiawassee County in June, 1928.

Dr. A. M. Hume said in his presidential address (1919) to the State Medical Society:

> "Dr. F. C. Warnshuis responded to the call of duty and entered the service. Your president, chairman of the council and chairman of the Publication Committee having had years of experience in medical practice and therefore knowing all about how to run our Society Journal undertook to run it. Our strenuous—yea, even violent efforts collectively assumed about the ordinary effective activities of the editorial office cat. Our journal would have fallen with the autumn leaves had not Moses appeared, he who for sheer love of the profession and loyalty to the interests of your Society and mine, and without one cent of compensation from any source, has managed well the affairs of the secretary's office, has kept our journal in the high class of medical journalism of the United States to which it had attained, and has performed the immense amount of tireless labor necessary to the production of our wonderful Victory number. The man to whom we owe most for the existence of our organization at this time is our treasurer, secretary-editor *pro tem,* "our Moses," Dr. D. Emmett Welsh of Grand Rapids.

Dr. D. Emmett Welsh did not believe in compulsory health insurance "first developed in Germany and put in form in 1883." He writes:

> "I might add here that this would cause an enormous expense in carrying on this beautiful philanthropy. Its primal aim which is now held up prominently would be pushed into the background, its commercialism would predominate and the individual would lose his identity and be unable to throw off the yoke of serfdom. It is the border line of radical socialism, a glaring attempt in the destruction of medicine, a lowering of our standards, a regression in our progress, a travesty on its science, a lowering of its morals and the high mortality rate among this class of people it intended to protect would be appalling, due to the inefficiency of the donor."[7]

Bay City became "The Glad-Hand Town" and entertained the State Medical Society in June, 1921, under the presidency of Dr. Angus McLean. The president of the Bay County Society mentioned in the invitation that that organization had been in existence since the early seventies.

Dr. McLean's presidential address was on "The Existing Relations Between the Medical Profession and the Public and the Future Tendency." He discussed, among other matters, maximum charges, fee splitting and compulsory health insurance.

Saginaw County sent its delegation.

Dr. W. J. Kay of Lapeer in accepting the office of president of the State Medical Society to which he was elected in 1921, said of his predecessor, "There is a saying among his particular friends that 'you can't lose Angus' . . .

I have no hope of filling his shoes. There is a saying among the Scotch that 'where McLean sits there is the best of the feast always.' "[7]

Dr. Alexander Mackenzie Campbell of Grand Rapids was chairman of the Section of Gynecology and Obstetrics at the Bay City meeting of the State Medical Society in 1921. The subject of his address was "The Attainment of Certain Ideals in Obstetrics." It is thoughtful and practical. He advocates the pre-natal clinic as that of Grand Rapids established in 1915, periodic examination of the apparently healthy, and more wholesome respect on the part of the obstetrician for the natural forces. He deplores any tendency "to sacrifice the best interests of both mother and child to the convenience of the busy doctor." He advocates the formation of a Michigan Obstetrical Society.[7]

Dr. Charles H. Baker in his acceptance speech declared:

> "A man who has the honor thrust upon him of being elected president of a society the equal of the State Medical Society, if there is such a thing, certainly has reason to congratulate himself. There are only two presidents which I think can be in any way compared—one of them is the president of the State Medical Society and the other is the President of the United States. (Laughter.) I have very carefully watched the career of the President of the United States and hope that I may learn something from his experience which will be beneficial to me as president of the State Society of Michigan."

"Medical service is about the only thing which the public has gotten free," said Dr. Baker. The physician is advised to be, while helping the unfortunate, "watchful of his own interests."

Dr. Charles H. Baker, president of the State Medical Society in 1920, was born at Hillsdale in 1859; moved to Detroit in 1873; was a Bachelor and Master of Philosophy, Hillsdale College; was graduated in medicine at Ann Arbor and had post-graduate work in the eastern medical centers and in London and Berlin. He practiced in Bay City after 1883. During the war period he served on the Medical Advisory Board No. 4 as ophthalmologist.[7]

The Detroit Otolaryngological Society fêted Dr. Baker, its oldest honorary member, at the Athletic Club on the night of April 24, 1929. Dr. Burt R. Shurly "was toastmaster and introduced the several speakers who paid splendid tribute to the doctor's unfailing loyalty to his friends and scientific medicine." Chief among the speakers were Drs. Walter Parker and Harold Wilson.

> "Dr. Baker has been in the practice of medicine for almost fifty years, and has been active in the State Society all this time as well as an active worker for the upbuilding of all otolaryngological organizations and sections.
>
> "At the time of his graduation, antiseptic surgery had hardly come into its own and the teacher of surgery often started a laparotomy with his favorite knife which he carried in his pantaloons pocket, without more than a preliminary rinsing, if it got even that. Bacteriology was unknown as a branch of medicine; pathology was a recommended but not required subject. Preventive medicine was just beginning to be talked of, and quarantine was almost the sole weapon available against epidemics. . . .
>
> "There was no diphtheria antitoxin; no vaccine against typhoid; malaria was due to some mysterious effluvium in the air; appendicitis was variously named typhlitis, perityphlitis and inflammation of the bowels, and was medically treated with hot or cold poultices according to the personal choice of the doctor in charge, or the bowel was locked up with opium in massive doses, even up to 700 grains in one case reported. Verily, there were giants in those days or there would be none alive to tell the tale.

"While employed in the hospital Dr. Baker had constant access to Dr. Frothingham's eye patients and enjoyed opportunities to see the doctor at work seldom enjoyed by the student of that day, and he early decided to specialize in that line of medicine. An ophthalmoscope was his first purchase, and as soon as he started practice he bought a trial case, both of which are still in daily use.

"For seven years he practiced general medicine and surgery, the latter tending especially toward gynecology, when in 1889 Dr. Carrow received the appointment to the chair of ophthalmology and otology in the university and Dr. Baker succeeded him in his special practice in Bay City.

"Two years later Dr. Baker spent several months in post-graduate work in London and Paris.

"He became a member of the American Academy of Ophthalmology and Otolaryngology by way of membership in the Mississippi Valley Society which he joined in its early days. He became a member of the Detroit Otolaryngological Society when there were but a small handful of members and about 1923 was elected to honorary membership in that society. He was president of Bay County Medical Society in 1890-1891 and treasurer of the same society until, tiring of a life sentence, he succeeded in having the offices of secretary and treasurer combined and automatically was deleted. He served two terms as councillor for the tenth district of the Michigan State Society and after six months' absence from the council was elected president of Michigan State Medical Society in 1920.

"At the meeting in Kalamazoo that year he presented the subject of State Medicine and Workmen's Compulsory Health Insurance, and aroused an interest which has not died out with the years since but is still a vital issue in medical economics.

"He has taken an active interest in civic affairs and served a term on the public Library Board and two terms as member of the Board of Education of Bay City.

"He served for four years as member of the U. S. Pension Board in Bay City and was a member of the Medical Advisory Board during the World War."[7]

On the retirement of Dr. George E. Ranney as secretary of the State Medical Society in 1886 he was on motion by Dr. Alvord made an honorary member.

Dr. George Duffield (1859-1919) of Detroit was secretary of the State Medical Society, 1886 to 1890, and sometime vice president of the Detroit Academy of Medicine.

He wrote at an early date on subjects such as "The Use of Antitoxin in Diphtheria," "Urinary Casts" and "Tachycardia." "He and the late Dr. Frank W. Brown were the only men in Detroit who had had especial training in that subject (pathology). As a usual thing, both did quite a laboratory business." Most of this was "free work and a labor of love." For many years Dr. Duffield was professor of medicine in the Detroit College of Medicine, and was one of the editors of *The Microscope.*

The late Dr. W. P. Manton, who furnished an obituary notice for the *Journal of the Michigan State Medical Society,* said of him that he was "by nature sympathetic, he sometimes seemed to pass too lightly over serious things, but always at the bottom of his heart he searched for that which would best bring comfort, cheer and quick relief," and quoted Antony's tribute to Caesar, "His life was gentle."[7]

In this I concur. (C. B. B.)

Dr. Collins Hickey Johnston, born in Detroit, 1859, graduated from the literary department, University of Michigan, in 1881, and from the medical department in 1883; was assistant house surgeon at Harper Hospital in 1883; practiced in Sutton's Bay, Michigan, from 1883 to 1886. Of that township he was health officer for two years.

He took a post-graduate course in New York Polyclinic and Northwestern Dispensary in 1886-1887 and settled in Grand Rapids in August of the latter year; was vice president of the Grand Rapids Academy of Medicine in 1890, secretary of the State Medical Society, 1895 to 1900; visiting physician to St. Marks and U. B. A. Hospitals (1891).[6]

On September 10, 1918, he gave to the Kalamazoo Academy of Medicine a paper on "Cardio-Renal Examinations for the Army."[7]

Dr. Benjamin R. Schenck (1872-1920) was elected secretary of the State Medical Society in 1906. He occupied the position until 1910 when failing in health he resigned and took up residence in California, where he died from tuberculosis in 1920. He was cultured, of exquisite refinement, a learned and much beloved member of the profession, a graduate from the Johns Hopkins Medical School, 1898. He pursued gynecologic practice in Detroit after 1903.

He was a native of Syracuse, New York, a B.A. of Williams, and at the time his health broke he was gynecologist to Harper Hospital, and associate professor of gynecology, Detroit College of Medicine and Surgery. He had much charm of manner and was greatly liked by his professional associates. "A patient's gratitude made possible the new operating building at Harper Hospital," declares a memorial notice published in the *Bulletin of the Wayne County Medical Society,* April 18, 1921.

He wrote many medical articles of merit and a monograph in 1911 on the "Ancestors and Descendants of Rulef Schenck."

"It was some sixteen years ago that through Dr. Schenck, who was secretary of the State Society, the county secretaries' organization came into existence on a boat at the time of our meeting at Manistee. For a number of years the county secretaries met in conjunction with the State Society at the annual meeting. Then the time came when these meetings for some reason or other were abandoned until about four years ago these sessions were resumed in connection with the annual meeting. But the activities of the annual meeting detracted so much from the work that might be accomplished by the county secretaries at a conference like this, that the Council determined to set a time other than at the annual meeting, for the holding of these annual conferences. They have been held at Grand Rapids, at Jackson, at Detroit, and one at Battle Creek."[7]

To a biography of Dr. Schenck this is appended:

"He is not dead, he is just away;
With a cheerful smile and a wave of the hand
He has wandered into an unknown land
And left us dreaming how very fair
It needs must be since he lingers there."[7]

An excellent story of the life of this lovable man from the pen of the distinguished Dr. Howard A. Kelley was published in a later number of the *Journal of the Michigan State Medical Society* for 1920 (Page 567).

"Dr. Andrew P. Biddle was born in Detroit, Michigan, February 25,

1862. He is a scion of the oldest families of Michigan, a son of William S. Biddle; grandson of Major John Biddle, formerly a member of Congress and one of the first mayors of Detroit; and a nephew of Major James Biddle of Detroit. His mother was Susan D. Ogden, daughter of Judge Ogden of the Supreme Court of New Jersey. Major Biddle is a brother of Lieut. Col. John Biddle, Corps of Engineers, U. S. A.; First Lieutenant William S. Biddle, Jr., 14th U. S. Infantry; and of Eliza (Biddle) Williams, wife of the first bishop of Marquette, Michigan. Andrew P. Biddle attended the public school of Grosse Ile, the summer residence of his father, until ten years of age, when he was sent to Geneva, Switzerland, to study under private tutors. From 1874 to 1877 he was a student in the Heidelberg (Germany) high school and returned to America and to Detroit in the latter year. For a time he attended the Detroit high school and in 1880 went to Baltimore, Maryland, to be prepared by private instructors for admission to the United States Naval Academy at Annapolis. He successfully passed the competitive examinations and became a member of the class of 1884, but soon resigned. Returning at once to Detroit, he entered the Detroit College of Medicine and was graduated M.D. therefrom in 1886. From 1885 to 1887 he acted as resident physician to Harper Hospital, serving his first year in that capacity while yet a student. In 1887 Dr. Biddle entered upon the practice of medicine with Dr. J. B. Book and was successful from the start. In 1890 he went to Europe and took a special course in dermatology in Leipsic, Germany, and since his return to America in 1891, has practiced continuously in Detroit. He was appointed lecturer on dermatology in the Detroit College of Medicine and the St. Mary's Hospital Clinics in 1892 and still retains that chair. Since 1892 he has been dermatologist to the Children's Free Hospital at Detroit and has contributed numerous articles on dermatological topics to the leading medical journals. Dr. Biddle is secretary of the section on Medicine of the Michigan State Medical Society; president of the Detroit Medical and Library Association, the largest local medical society in the State of Michigan, and a fellow of the Detroit Academy of Medicine. Since 1894 he has been assistant surgeon with the rank of captain, to the 4th Regiment Infantry, Michigan National Guard, and on May 8, 1898, was commissioned major and surgeon to the 31st Michigan Volunteer Infantry, the first Michigan regiment to leave the state in the American-Spanish war. He holds the position of United States Pension Examining Surgeon, to which he was appointed upon the recommendation of John L. Chipman, M. C., in 1892. He is a member of the Michigan Society of the Sons of the American Revolution and of Union Lodge No. 3, F. & A. M.[8]

"The Duty of the Hour is Service" was the theme of Dr. Andrew P. Biddle's presidential address to the State Medical Society in 1918.

Dr. A. E. Bulson of Jackson enlisted at the age of 14 as musician and served throughout the Civil War.[7] (*See* Volume I, Pages 367 and 368.)

Dean Victor C. Vaughan, of the medical school, lieutenant-colonel of the national army, addressed a combined assembly of the entire medical school of the University of Michigan in March, 1918, on various topics of the war of particular interest to medical men.

"Every medical man belongs in the service," said Dr. Vaughan. "To keep a doctor out of service would be to handicap him in the future. He would have to explain constantly under the most embarrassing circumstances, why he had not served. We are in the war," he said later, "to fight unto death. President Wilson's statement that we are fighting to make the world safe for democracy is too academic and fine-grained for me. We are fighting the Hun with the cries of innocent women and children of the Lusitania and Belgium ringing in our ears."[7]

"Captain Wilfrid Haughey, M. R. C., is now serving somewhere in France with the Detroit College Hospital Unit. Announcement of his safe arrival was received here some weeks ago."[7]

Dr. F. C. Warnshuis has had a busy medical career. He is now serving the tenth year as Speaker of the House of Delegates of the American Medical Association; was two years Vice Speaker. He is the author of "Principles of Surgical Nursing," published by W. B. Saunders; was a member of the State Board of Registration in Medicine 1914 to 1920; is colonel in the Medical Officers Reserve Corps, U. S. A.; was chief of surgical service, Base Hospital No. 99, A. E. F., and later commanding officer of that unit; and was chief surgeon, Pere Marquette Railroad, 1910 to 1918.

Major Warnshuis writes in 1918 of his patients hospitalized on the French Riviera:

> "They are certainly wonders. No wound, no post-operative pain, no dressing, ever elicits a word of complaint . . . They exemplify the fortitude of the foremost Spartan heroes. One cannot help but admire and adore them.
>
> "As to their wounds they vary from a bullet or shrapnel skin abrasion to the severest degree of mutilation. Wounds of 1 inch to 16 and 20 inches long, infections, peri- and osteomyelitis, excised buttocks, perforations of chest, abdomen, yes and even skulls; fractures, empyemas and similar lacerations and mutilations. These wounds are of every degree of infection when they arrive and then when surgical intervention and treatment arrests the infective process large areas of undermatized surfaces remain, requiring secondary closure by plastic surgery. The surgery, to summarize, consists of principles of drainage, curettement of bone and sequestrotomy, removal of foreign bodies consisting of bullets, shrapnel, bomb fragments, pieces of shell and even stones, tendonplasty, and plastic repair. In addition we have also the surgery of base hospitals in cantonments—namely hernias, appendicitis, hemorrhoids and fractures. In general we are called upon to observe and employ the principles of general surgery which becomes specialized insofar as the treatment is concerned with regard to gunshot wounds which are characterized by the large areas involved. Then too there is the point of a large number of cases that continually pass through one's service. On Monday of this week we received a train load of patients numbering 425 and tonight I am again informed that tomorrow, Friday, we shall have another train load of 350. In like manner they are discharged. With such numbers coming and going one has but little opportunity for recreation and the old bed is pretty welcome as soon as one can hit it."[7]

He strongly opposes the use of Dakin's solution for pleural irrigation.

The 108th Annual Meeting

"The Michigan Territorial Medical Society had its beginning in 1821. It is considerably over a century since the first getting together. Remember the date of the 108th annual meeting in Detroit, September 26 to 28. The program has been published. It is complete, rich and varied in interest. Attention is directed to the reports of standing committees which occupy the major portion of this number of the Journal." [September, 1928.][7]

SOME MEDICAL PROBLEMS

"The present State Medical Society dates back but a few years. Before the re-organization (1902) there have been several years at a time when there has been no annual meeting of Michigan physicians. A little over a hundred years ago a medical society was started in Detroit. This medical organization three years later presented Lieutenant William Beaumont with honorary membership for his epoch-making paper on researches in gastric digestion. The Territorial Medical Society of Michigan had extensive power, namely to examine applicants, grant and revoke licenses to practice medicine. Later this power was taken away and for many years Michigan had no legislative restrictions regulating the practice of medicine.

"In 1889 was passed the Chandler Medical Act and the power of licensure was placed in the hands of the Michigan State Board of Registration in Medicine, composed of ten physicians. This board for the last five years [1923-1928] has admitted 1,550 physicians to practice (300 a year), which would seem to be an ample supply of new doctors. It is but rarely, however, that one of them enters practice in a small community. The National Grange claims that pre-medical and medical standards can be lowered and that physicians will then locate in rural communities to relieve the dearth of doctors. There are various reasons why physicians will not locate in the small community. If the rural community can stop the emigration of its own young people to the city and can offer better schools for the doctor's children, better facilities to practice his profession and will support him financially so that he can do work satisfactory to his standard of practice, the problem of the better distribution of physicians may be solved, and not before. A lower standard will not solve the problem, because the farmer and his family are more observing and critical than is their unsophisticated brother in the city. The faker or the poor doctor does not last long in a rural community because news travels fast in the country. A poorly trained doctor is probably the most dangerous man in any community.

"Some of our problems lie within the medical profession. When 35 per cent of the doctors in most of our cities are practicing a specialty, and 40 per cent of our recent graduates at once limit their work to a specialty, and 40 per cent more are working to become specialists we cannot be said to be meeting the demands of the public. No one should be a specialist until he has laid a firm foundation in general practice. It is exaggeration to claim that medicine is so extensive that no one can cover the entire field. There are certain essential and fundamental truths in medicine that must be mastered before one should enter even a limited field.

"A recent investigation in Chicago shows that the majority of people do not go to a doctor when they think they have a minor ailment. This perhaps has grown out of the indifference, lack of attention or sympathy of the doctor in taking care of these cases. Especially is this true in cases of fear. The patient is bound to go where he will receive attention.

"In the campaign for urging annual health examinations we found not a few physicians have pooh-poohed their patients, slapping them on the back and without any examination whatever stating that everything was 'O. K.'

"In seventeen towns it has been found that physicians' house calls were lower than the taxicab fare to the same homes.

"The physician is imposed upon by life insurance companies for reports in which he may have treated the patients years ago. At times this entails quite an extensive search of records, but I have failed to hear of a single company who even intimated that these reports were of great value to the company.

"Thirty-four of our universities are teaching their students to expect almost free medical service while they are students at their university. University clinics also cater to the pay patient to help balance the financial books. We believe the principle is wrong of educating doctors and then entering into competition with them. Medical colleges need patients only for instruction of students and the humanitarian principle of helping those who have been unfortunate in the struggle of life. The University of Chicago recently, after a conference with a committee from the Cook County Medical Society, abandoned their proposal of a pay clinic in connection with the medical college.

"And finally note this from the *Journal of the American Medical Association:* 'Alberta Offers Operations at Cost Price.—George Hoadley, Minister of Health of Alberta, in addressing a meeting at Calgary during child welfare week, stated that the traveling clinic which he had organized had visited 2,346 patients, examined 10,270 school children and visited 385 schools, and that of the 122 places desiring its services the clinic had visited 44.' According to the *Journal of the Canadian Medical Association,* he emphasized the fact that operations can be had at cost price, which is much lower than is made by physicians throughout the province."[7] (Dr. H. E. Randall, president, 1928.)

The Retiring President

"We take this opportunity to pay our respects to Dr. Herbert E. Randall, who will be the immediate past president of the Michigan State Medical Society before the next number of the *Journal* comes out, when we will be able to announce his successor. Dr. Randall has proven himself an efficient executive. While the presidency of a State Medical Society is looked upon by a great many as an honorary position, it is becoming less and less a sinecure if it ever could have been called such. It marks the culmination in Dr. Randall's case of many years of faithful service to the profession of Genesee County and to the state as well.

"Dr. Randall after graduating from the Detroit College of Medicine was assistant to the late Dr. H. O. Walker, a name well known to the older members of the profession. For sixteen years Dr. Randall was a partner of Dr. W. J. Kay of Lapeer, Michigan. He has held a number of hospital appointments in Flint; has seen service abroad as Chief Surgeon of Base Hospital No. 36, at Vitell, France. It is almost needless to say that he is a member of everything in the way of medical societies from his own Genesee County Society to the American Medical Association. During the past year Dr. Randall has found time to be present at a large number of medical functions in the way of society meetings and conventions all over the state. Unobtrusive in nature the doctor's career as president of the Michigan State Medical Society has been one of quiet activity and he relinquishes the office with the gratitude of the society for work well done."[7]

"It is reported that Dr. H. E. Randall of Flint, now overseas with Unit 36, was privileged to operate upon the first wounded-in-action soldier of the American Expeditionary Force."[7]

The State Society in 1928 "also elected as honorary members four of our esteemed men who had served in the ranks of the profession as well as the organized ranks of our Society: Dr. C. J. Ennis of Sault Ste. Marie, Dr. V. M. Huntley of Lansing, Dr. Albertus Nyland of Grand Rapids, and Dr. W. H. Haughey, Sr., first secretary of the Council of our Society under reorganization in 1902."[7]

Problems concerning "the care of crippled children connected with the practical working out of a legislative act in Michigan" were discussed by Dr. B. R. Corbus of Grand Rapids before the Executive Committee of the Council of the State Medical Society, October 30, 1928.[7]

He spoke of "certain criticisms leveled at the commission's activities by doctors throughout the state. It may be that some of these criticisms were deserved from the professional standpoint but often criticisms are due to a misconception of facts, and often abuses come into the activities of such an organization as this, unintentionally, by reason of the failure of laymen to get the professional viewpoint," and declared that "so far as consistent with the proper treatment of the child, that child should be left in the hands of his family doctor. These cases are apt to be long cases. It is to the interest of the child to have the family doctor interested, and you may be sure that he will be glad to be guided by the advice given by the more largely experienced specialist. One of the marked criticisms that we have heard from the doctors throughout the state is that they have been ignored; that their patients have been taken from them; that little or no consideration has been given them in any way. This is bad business for everyone."

Dr. George E. Frothingham, Jr., of Detroit, on behalf of the "Committee on Industrial and Civic Relations" reported to the State Medical Society in 1921 in strong opposition to that "well touted German brand of compulsory health insurance."[7]

On the other hand apropos community health insurance Dr. C. G. Parnall wrote in 1919 to the *Journal of the State Medical Society:*

> "A certain gentleman of antiquity, with full confidence in his own ability, once essayed to turn back the sea but, as I recall it, the net result of his adventure was wet raiment—and no fish.
>
> "To raise the issues of 'compulsion' and 'bureaucracy' is only to employ the wiles of those who have long been the enemies of the medical profession and it ill befits us to advance such bugaboos as arguments. Education is compulsory; obedience to law is compulsory and, to most of us who have to work for a living, work is compulsory, so why the fright at the word?"

The Council of the State Society of which Dr. W. T. Dodge has written reminiscently has been a useful and hard-working body and much of the success achieved since the reorganization in 1902 has resulted from its activities.

Of the Council, Dr. Dodge was longest a member—21 years; next to him in point of service, Drs. B. H. McMullen and A. L. Seeley, 16 years each. Dr. A. E. Bulson served 14 years; Drs. A. H. Rockwell and C. H. Baker, 13; Drs. C. T. Southworth, 12; W. J. Kay, 11; W. H. Haughey, A. M. Hume and R. S. Buckland, 9; F. C. Witter, 8; J. B. Jackson, R. C. Stone and W. J. DuBois, 7; A. P. Biddle, C. J. Ennis, S. K. Church and C. B. Burr, 6; M. Willson, R. H. Spencer, Guy L. Kiefer, H. E. Randall, B. F. Greene, J. D. Bruce, B. R. Corbus, O. L. Ricker, Richard Burke and George L. LeFevre, 5; S. I. Small, L. W. Toles, F. Holdsworth, J. McLurg, Theodore A. Felch and B. H. Van Leuven, 4; Leartus Connor, W. H. Parks, F. B. Walker, J. Hamilton Charters, Julius Powers and F. S. Baird, 3; H. B. Landon, A. S. Kimball, W. G. Bird, C. C. Clancy, C. G. Darling, A. J. Mackenzie, C. E. Boys, Henry Cook, T. F. Heavenrich, and Paul R. Urmston, 2; and N. H. Williams, G. W. Lowry, J. B. Whinery, Oliver Stewart, G. D. Carnes, D. E. Welsh, W. J. Herdman, George Dock, L. J. Hirschman, 1 year each.

Dr. B. H. McMullen (1857-1918) died from leukemia. He was a native of Canada, was educated in Michigan public schools and was graduated from Detroit Medical College in 1879. He practiced at Morley until 1888; afterwards at Cadillac.

He was councilor for the ninth district for several years, was a surgeon of ripe experience and successful in business ventures.[7]

Withal he had an exceedingly pleasant personality.

"Two years ago our State Society caused to be prepared a tablet that contained the names of the members of our society who gave their lives in the service of their country. This tablet has been placed upon the walls of the medical building of the University of Ann Arbor. Arrangements have been made whereby a proper wreath will be placed upon this tablet on Armistice Day. While we may not be able to be in Ann Arbor on that day, shall we not during those two minutes of silent tribute recall in reverence these four of our number whose names remain upon the muster roll of our Nation's Dead?"[7] (*See* Page 435.)

The Michigan State Medical Society was incorporated in 1919.[7]

REMINISCENCES OF THE MICHIGAN STATE MEDICAL SOCIETY†

Reminiscences of twenty years' continuous service as councilor of the Michigan State Medical Society, ten of them as state chairman, and one year as president:

The American Medical Association was re-organized in 1901 and at the same time provided for re-organization of state societies to provide for representation in the annual meetings by delegates in proportion to the local membership.

Dr. Leartus Connor of Detroit was elected president of the State Medical Society in 1901 and appointed a committee to act during 1901 and prepare a plan of organization that would fit in with the general plans of the American Medical Association. This committee had Dr. Bulson of Jackson as chairman. Dr. Connor acted with the committee, and personally wrote the copy of the Constitution and By-Laws adopted for the regulation of the State Society. When the Society met in 1902, the new articles were ready.

The Society was entertained by the Port Huron profession by a boat ride on the river. Soon after we left the dock, I was approached by Dr. V. C. Vaughan of Ann Arbor, who asked me to recommend a councilor for my district. I replied that I would suggest someone after a while. Then I passed around the boat and soon found that I was the only one from the district who was present.

It was at that time arranged that the districts of the State Medical Society correspond with the Congressional districts. I was a resident of the eleventh district, which consisted at that time of the counties of Mecosta, Osceola, Missaukee, Grand Traverse, Charlevoix, Antrim, Isabella, and Gratiot, also Montcalm and Newaygo.

I found Dr. Vaughan and told him that I could not recommend a man for the place because no one was present from the district. He replied that he had selected a man for the place and I found that I was the man selected. Very little thought had been given to the selection of councilors, and when I looked upon the vast territory in the district in which I lived, I was very apprehensive of the results.

However, we went home and called a meeting of the profession of Mecosta County. We had a good meeting and perfected an organization as "The Mecosta County Medical Society" numbering eight. The profession was very active and enthusiastic, and we quickly had all the men in Mecosta County as members. I called a meeting of Osceola County and perfected that organization, which held until a few years ago, when they disbanded, and at present the members have joined the Mecosta County Society.

We organized Missaukee County and during the summer we had a meeting at Clare and organized that county also at Mt. Pleasant (Isabella) and subsequently Gratiot. These counties finally united and formed a society which is still in existence. We had the annual meeting of the Council in

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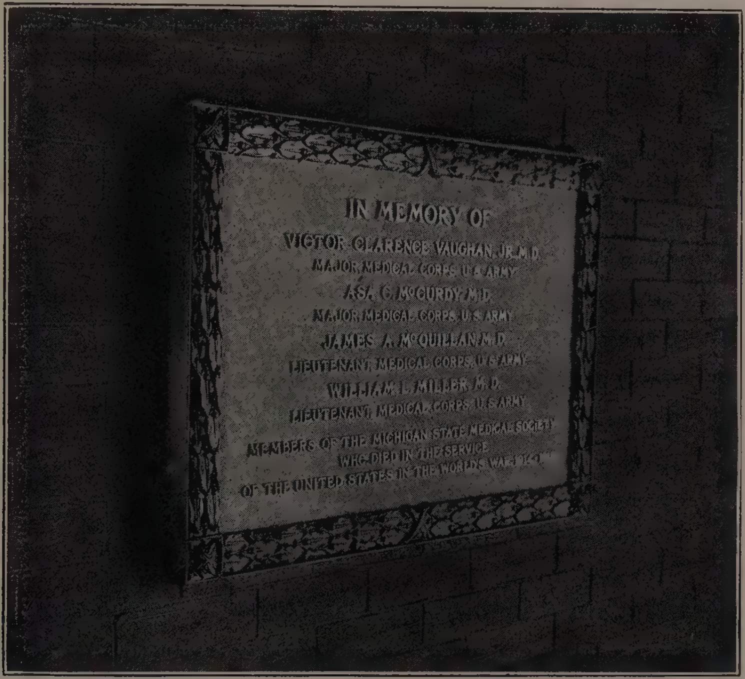
†Written by Dr. W. T. Dodge, Big Rapids, Michigan.

January and elected Dr. Connor as chairman, and Dr. Haughey as secretary. Dr. Connor held the office for four years, and subsequently resigned. At that time, I believe, Dr. Biddle of Detroit was elected secretary. Dr. Burr of Flint became chairman and held the office until promoted to that of president.

I wish to say that during the intervals when we had meetings to organize the county societies, the officers of the Council were always ready to respond and very acceptable for organization purposes. Subsequently we re-arranged the districts. We added the thirteenth and fourteenth. My own district was reorganized by dropping Grand Traverse, Missaukee, Isabella and Clare, and Muskegon and Oceana were added. After a few years Montcalm was taken away and was added to Kent in the fifth district. I made another visit and organized the county of Muskegon which was held out by the failure of the councilor to grant a permission to the doctors to organize, as they had a great many homeopaths in the county and the regulars would not form a county society without them. Finally we had a meeting of the doctors and organized a society, naming it the Muskegon County Medical Society. The homeopaths came in, and one of them is now councilor for the district, Dr. George L. LeFevre, who is very efficient. A meeting of the Council is held each winter. At one time I was a member of a committee which held a meeting at Ann


IN MEMORY OF
VICTOR CLARENCE VAUGHAN JR. M.D.
MAJOR, MEDICAL CORPS, U.S. ARMY
ASA C. McCURDY M.D.
MAJOR, MEDICAL CORPS, U.S. ARMY
JAMES A. McQUILLAN M.D.
LIEUTENANT, MEDICAL CORPS, U.S. ARMY
WILLIAM L. MILLER M.D.
LIEUTENANT, MEDICAL CORPS, U.S. ARMY
MEMBERS OF THE MICHIGAN STATE MEDICAL SOCIETY
WHO DIED IN THE SERVICE
OF THE UNITED STATES IN THE WORLD'S WAR

Memorial Tablet, Medical Building, University of Michigan, Ann Arbor.

Arbor and came to an arrangement with Dr. Vaughan and Dr. Peterson for the admission of patients to the University Hospital—those sent by supervisors from the counties, those recommended by doctors for treatment, students from the University, and those who make a statement that they are unable to pay the minimum rate demanded by the physicians for their treatment. This finally was changed to provide that the patients should be charged for operations when they could afford it. This met the approval of the State Society.

The University Hospital has been entirely rebuilt, and they now have an excellent institution at Ann Arbor. The State Society now arranges for two two-day clinical programs at the new hospital, which are being adopted with abundant satisfaction to the profession. Dr. Biddle retired after six years, and was succeeded by Dr. B. R. Schenck of Detroit. He was succeeded by Dr. Wilfrid Haughey of Battle Creek, who had been a student with Dr. Biddle. The present secretary is Dr. F. C. Warnshuis of Grand Rapids. Under his supervision the Society has reached its present high rank.

When Dr. Burr retired as chairman of the Council, I was elected in his place, and was re-elected every year until 1918, when I left the state for the medical corps of the army. I was recommended to that position by Dr. V. C. Vaughan of Ann Arbor who was then in the Surgeon General's office. I was older than permitted by the regulations of the War Department. I was assigned to Camp Sherman Base Hospital. I became at that time assistant to the Chief of the Surgical Service, Dr. C. T. Sturgeon, then a major, who later became a lieutenant colonel of the medical corps. No man was rejected for hernia, and we had a long series of hernia operations to do that summer (1918)—upwards of more than 1,000.

I had a very enjoyable experience at Camp Sherman and made very many dear friends therein. . . . Dr. Warnshuis of Grand Rapids was appointed and wrote me that he would come to Camp Sherman. We met him at the train. Afterwards Major F. D. Sladen of Detroit was assigned there as an assistant to Dr. Friedlander. Dr. Warnshuis served with us until he was appointed Chief of the Surgical Service at Base Hospital Number 99, when he became lieutenant colonel.

After Christmas of 1919 we began to receive a new assortment of patients from France. Many of them had injured parietal nerves. There were several cases of nerve injuries, also several hundred cases of fractured bones. Dr. Sturgeon was sent to the front on the first of October, and after that I became Chief of the Surgical Service at Camp Sherman. I retained that position until I was discharged from the army, the first of April, 1919.

Michigan State Board of Registration in Medicine

Dr. Guy L. Connor, secretary, has considerately furnished a list of members of the Michigan Board of Registration in Medicine, a body closely related to the State Medical Society and established as a result of its year-after-year propaganda in the direction of higher standards in medicine in Michigan. It has not been recruited exclusively from the Society, but has comprised influential members thereof. Its relation therewith has been harmonious and its accomplishment in the main consistent with the high purpose of its early promoters.

1899 to February, 1901
Malcolm C. Sinclair, M.D., *President*
Beverly D. Harison, M.B., *Secretary*

Austin W. Alvord, M.D., Battle Creek.
William Bell, M.D., Smyrna.
Bion Whelan, M.D., Hillsdale.
Albert Lodge, M.D., Detroit.
Harry A. Haze, M.D., Lansing.
John Kost, M.D., Adrian.
Samuel Bell, M.D., Detroit.
Zell L. Baldwin, M.D., Niles.

February, 1901, to September 30, 1901
William Bell, M.D., *President*
Beverly D. Harison, M.B., *Secretary*

A. W. Alvord, M.D.
John Kost, M.D.
Walter H. Sawyer, M.D.
Henry C. Maynard, M.D.
J. B. Griswold, M.D.
Albert Lodge, M.D.
H. B. Landon, M.D.
Joseph H. Cowell, M.D.
Geo. E. Ranney, M.D.

October 1, 1901, to September 30, 1902
William Bell, M.D., *President*
Beverly D. Harison, M.B., *Secretary*

Albert Lodge, M.D.
John Kost, M.D.
H. B. Landon, M.D.
Walter H. Sawyer, M.D.
Joseph H. Cowell, M.D.
Henry C. Maynard, M.D.
Geo. E. Ranney, M.D.
J. B. Griswold, M.D.

October 1, 1902, to January 11, 1904
Joseph H. Cowell, M.D., *President*
Beverly D. Harison, M.D., *Secretary*

Walter H. Sawyer, M.D.
J. B. Griswold, M.D.
William Bell, M.D.
John Kost, M.D.
Henry C. Maynard, M.D.
H. B. Landon, M.D.
Geo. E. Ranney, M.D.
Oscar Le Seure, M.D.

January 12, 1904, to September 30, 1905
Joseph H. Cowell, M.D., *President*
Beverly D. Harison, M.D., *Secretary*

Walter H. Sawyer, M.D.
J. B. Griswold, M.D.
William Bell, M.D.
Albertus Nyland, M.D.
Henry C. Maynard, M.D.
H. B. Landon, M.D.
Geo. E. Ranney, M.D.
Oscar Le Seure, M.D.

October 1, 1905, to June 25, 1906
Oscar Le Seure, M.D., *President*
Beverly D. Harison, M.D., *Secretary*

Walter H. Sawyer, M.D.
Henry C. Maynard, M.D.
Joseph H. Cowell, M.D.
J. B. Griswold, M.D.
William Bell, M.D.
Geo. E. Ranney, M.D.
Albertus Nyland, M.D.
J. L. Campbell, M.D.

June 26, 1906, to October 1, 1907
Oscar Le Seure, M.D., *President*
Beverly D. Harison, M.D., *Secretary*

Joseph H. Cowell, M.D.
William Bell, M.D.
George E. Ranney, M.D.
Henry C. Maynard, M.D.
Walter H. Sawyer, M.D.
Albertus Nyland, M.D.
J. L. Campbell, M.D.
T. A. Felch, M.D.

October 2, 1907, to December 21, 1909
Henry C. Maynard, M.D., *President*
Beverly D. Harison, M.D., *Secretary*

Joseph H. Cowell, M.D.
William Bell, M.D.
Austin W. Alvord, M.D.
J. H. Ball, M.D.
Albertus Nyland, M.D.
J. L. Campbell, M.D.
T. A. Felch, M.D.
Flemming Carrow, M.D

December 22, 1909, to November 29, 1910
Albertus Nyland, M.D., *President*
Beverly D. Harison, M.D., *Secretary*

Joseph H. Cowell, M.D.
William Bell, M.D.
Austin W. Alvord, M.D.
J. H. Ball, M.D.
Henry C. Maynard, M.D.
J. L. Campbell, M.D.
T. A. Felch, M.D.
Flemming Carrow, M.D.

November 30, 1910, to October 12, 1911
Albertus Nyland, M.D., *President*
Beverly D. Harison, M.D., *Secretary*

Joseph H. Cowell, M.D.
William Bell, M.D.
Austin W. Alvord, M.D.
Bret Nottingham, M.D.
Henry C. Maynard, M.D.
J. L. Campbell, M.D.
T. A. Felch. M.D.
Flemming Carrow, M.D.

October 12, 1911, to October 15 (inclusive), 1913
William Bell, M.D., *President*
Beverly D. Harison, M.D., *Secretary*

Albertus Nyland, M.D.
Joseph H. Cowell, M.D.
Austin W. Alvord, M.D.
Bret Nottingham, M.D.
Henry C. Maynard, M.D.
J. L. Campbell, M.D.
Arthur M. Hume, M.D.
Joseph A. Crowell, M.D.

October 16, 1913, to June 24 (inclusive), 1914
George L. LeFevre, M.D., *President*
Beverly D. Harison, M.D., *Secretary*

Austin W. Alvord, M.D.
Henry C. Maynard, M.D.
Albertus Nyland, M.D.
Joseph A. Crowell, M.D.
Bret Nottingham, M.D.
Arthur M. Hume, M.D.
Colonel B. Burr, M.D.
William T. Dodge, M.D.
George W. Nafe, M.D.

June 25, 1914, to October 12 (inclusive), 1915
George L. LeFevre, M.D., *President*
Beverly D. Harison, M.D., *Secretary*

Austin W. Alvord, M.D.
Henry C. Maynard, M.D.
Albertus Nyland, M.D.
Joseph A. Crowell, M.D.
Enos C. Kinsman, M.D.
Arthur M. Hume, M.D.
Colonel B. Burr, M.D.
William T. Dodge, M.D.
Nelson McLaughlin, M.D.

October 13, 1915, to October 8, 1917
George L. LeFevre, M.D., *President*
Beverly D. Harison, M.D., *Secretary*

F. C. Warnshuis, M.D.
Arthur L. Robinson, M.D.
Albertus Nyland, M.D.
Duncan A. Cameron, M.D.
Enos C. Kinsman, M.D.
Arthur M. Hume, M.D.
Colonel B. Burr, M.D.
William T. Dodge, M.D.
Nelson McLaughlin, M.D.

October 9, 1917, to January 21, 1920
George L. LeFevre, M.D., *President*
Beverly D. Harison, M.D., *Secretary*

F. C. Warnshuis, M.D.
Arthur L. Robinson, M.D.
Albertus Nyland, M.D.
Duncan A. Cameron, M.D.
Enos C. Kinsman, M.D.
Arthur M. Hume, M.D.
Nelson McLaughlin, M.D.
Guy Leartus Connor, M.D.
William Samuel Shipp, M.D.

January 22, 1920, to November 22, 1923
George L. LeFevre, M.D., *President*
Beverly D. Harison, M.D., *Secretary*

Jacob D. Brook, M.D.
Arthur L. Robinson, M.D.
Albertus Nyland, M.D.
Duncan A. Cameron, M.D.
Frank A. Kelly, M.D.
Arthur M. Hume, M.D.
Nelson McLaughlin, M.D.
Guy Leartus Connor, M.D
William Samuel Shipp, M.D.

November 22, 1923, to December 26, 1923
George L. LeFevre, M.D., *President*
Beverly D. Harison, M.D., *Secretary*

Jacob D. Brook, M.D.
Arthur L. Robinson, M.D.
Albertus Nyland, M.D.
Duncan A. Cameron, M.D.
Frank A. Kelly, M.D.
Nelson McLaughlin, M.D.
Guy Leartus Connor, M.D.
Hugh A. Stewart, M.D.
Ray C. Stone, M.D.

December 26, 1923, to December 11, 1924
George L. LeFevre, M.D., *President*
Beverly D. Harison, M.D., *Secretary*

Jacob D. Brook, M.D.
Albertus Nyland, M.D.
Frank A. Kelly, M.D.
Nelson McLaughlin, M.D.
Guy Leartus Connor, M.D.
Hugh A. Stewart, M.D.
Ray C. Stone, M.D.
Henry M. Joy, M.D.

December 11, 1924, to September 9, 1925
George L. LeFevre, M.D., *President*
Guy L. Connor, M.D., *Secretary*

Jacob D. Brook, M.D.
Albertus Nyland, M.D.
Frank A. Kelly, M.D.
Alfred W. Hornbogen, M.D.
Henry M. Joy, M.D.
Nelson McLaughlin, M.D.
Guy Leartus Connor, M.D.
Hugh A. Stewart, M.D.
Ray C. Stone, M.D.

September 9 (inclusive), 1925, to June 26 (inclusive), 1927
George L. LeFevre, M.D., *President*
Guy L. Connor, M.D., *Secretary*

Jacob D. Brook, M.D.
Albertus Nyland, M.D.
Frank A. Kelly, M.D.
Alfred W. Hornbogen, M.D.
Henry M. Joy, M.D.
Nelson McLaughlin, M.D.
Guy Leartus Connor, M.D.
Ray C. Stone, M.D.
Charles H. O'Neil, M.D.

June 27, 1927, to January 1, 1928
George L. LeFevre, M.D., *President*
Guy L. Connor, M.D., *Secretary*

Jacob D. Brook, M.D.
Albertus Nyland, M.D.
Frank A. Kelly, M.D.
Samuel Edwin Cruse, M.D.
Henry M. Joy, M.D.
Nelson McLaughlin, M.D.
Guy Leartus Connor, M.D.
W. A. Lemire, M.D.
W. H. Marshall, M.D.

January 1, 1928, to September 21, 1928
George L. LeFevre, M.D., *President*
Guy L. Connor, M.D., *Secretary*

Jacob D. Brook, M.D.
Albertus Nyland, M.D.
Frank A. Kelly, M.D.
Samuel Edwin Cruse, M.D.
A. B. Smith, M.D.
Nelson McLaughlin, M.D.
Guy Leartus Connor, M.D.
W. A. Lemire, M.D.
W. H. Marshall, M.D.

September 21, 1928
George L. LeFevre, M.D., *President*
Guy L. Connor, M.D., *Secretary*

Jacob D. Brook, M.D.
Albertus Nyland, M.D.
Frank A. Kelly, M.D.
Samuel Edwin Cruse, M.D.
J. Earl McIntyre, M.D.
Nelson McLaughlin, M.D.
Guy Leartus Connor, M.D.
W. A. Lemire, M.D.
W. H. Marshall, M.D.

MEDICAL EDUCATIONAL REQUIREMENTS, 1929

What educational training does Michigan demand of doctors of medicine ere they can obtain a state license to practice medicine and surgery? This is a frequent inquiry made of the Michigan State Board of Registration in Medicine by students contemplating entering medical colleges and by lay individuals. The answer to the inquiry is found in our Medical Practice Law and in the rules adopted by the Board of Registration. These provide:

(1) The individual must have graduated from an accredited high school and have credit for, at least, two years of literary college work.

(2) He must have graduated from an approved medical school having a four-year course and received its diploma conferring the degree of Doctor of Medicine.

(3) He must have served one year of internship in an approved hospital, and receive a satisfactory certificate of interne training.

(4) He must file these credentials with the Michigan State Board of Registration in Medicine. If these credentials fulfill the minimum requirements and are approved, the individual is given a written examination. If he successfully passes this examination a Michigan certificate of registration, or license, is issued to him.

(5) Before he can begin to practice he must file his certificate of registration with the county clerk in the county in which he locates.

Having complied with these requirements, he is authorized to practice medicine and surgery.

The law conveys authority to the Board of Registration in Medicine to suspend or revoke any license after a formal hearing, for drug addiction, habitual intoxication, immoral or unprofessional conduct, a criminal conviction in any court of record, and for violation of other provisions of the Medical Practice Law.

These are the legal safeguards enacted by the state and insure that those who are licensed by the Board of Registration in Medicine have received an adequate medical education.

To attempt to practice without a license is punishable, upon conviction, by a prison sentence and a fine.[1]

REFERENCES

1. Bulletin of Wayne County Medical Society.
2. Burton Historical Collection.
3. Detroit Review of Medicine and Pharmacy.
4. Grand Rapids and Kent County Up to Date.
5. History of Detroit—Farmer.
6. History of Grand Rapids.
7. Journal Michigan State Medical Society.
8. Landmarks of Wayne County and Detroit—Ross and Catlin.
9. Men of Progress in Michigan.
10. Michigan Medical News.
11. Michigan Pioneer and Historical Collections.
12. Peninsular Journal of Medicine.
13. Transactions Michigan State Medical Society.

Chapter VIII

Some of the Active Medical Societies—Then and Now—Their Props and Promoters

All along the line great activity has been displayed in County Medical Societies since the reorganization in 1902. It is regrettable that limitations as to space preclude the possibility of giving anything like adequate recognition to these important, individual units of the state body.

CHAPTER VIII

Some of the Active Medical Societies—Then and Now—Their Props and Promoters

By C. B. Burr, M.D., Flint, Michigan

THE construction of this chapter has been difficult. There have been S. O. S. calls and much correspondence to the end of perfecting it, but coöperation in the line suggested, to obtain from the profession, very widely, stories concerning its members, local professional color, vicissitudes and incidents of practice in different localities, trials, tribulations and successes, has been inadequate. No blame attaches to anyone for this lacking. Physicians are busy men and those who record the results of experience and the data of the daily round are numerically in the minority.

It can for example be said of few men what the late Dr. W. P. Manton, fresh from Harvard in the eighties, declared concerning the histories and memoranda of his obstetrical cases, made by the eminent Dr. E. P. Christian of Wyandotte, that they equalled anything that he had seen in the Eastern hospitals.

In brief, the story of unsuccessful attempts to enlist active interest and effort is told in the following clipping from the *Journal of the Michigan State Medical Society* (names and place immaterial):

> "President .... read a letter from Dr. Burr relative to a history of the local society; this matter was placed on file for the time being."

The "time" is still "being" (awaited).

From correspondence with another secretary—"This [the Committee's] letter I turned over to Dr. .... who is interested in things historical, but by mistake the letter was thrown into the waste basket."

From still another—"Our Society will meet the last Thursday of this month, and I shall bring your above mentioned letter to the attention of the members, and then I shall write you again regarding the matter."

The above promise was received in June, 1928. "The letter that he longed for never came" and the query is pertinent, *when* is *then*?

Very naturally, under the circumstances, the compiler feels under sincere obligation to contributors.

For permissions given by the Territorial Medical Society to form county medical societies, see Dr. Connor's address, Chapter VII.

Dr. William Thompson was in 1819 the "only physician in Oakland County." He lived eight miles from Pontiac.[18]

Dr. Hubbel Loomis was, in 1830, "the only physician practicing in Western Michigan." He was located at White Pigeon.[1]

In 1835 he received permission from the Michigan Medical Society to form a St. Joseph County Medical Society.

The following arrangement of society histories is mainly, though not strictly, chronological, and not alphabetical.

BRANCH COUNTY MEDICAL SOCIETY

This is one of the oldest county medical organizations. It was authorized by the Michigan Medical Society, June 13, 1837. (*See* Chapter VII, this volume.)

"Though the present century has been termed the age of conventions and associations, in which almost every pursuit or profession has become a nucleus of affiliation of those having common interest, yet organization for professional advancement and social benefits was tried in Branch County by members of the medical profession as long as sixty-five years ago."

Thus an account in the "History of Branch County" (1906, Page 227) which continues:

"One of the few items of local interest in the first issue of the *Coldwater Sentinel,* dated April 16, 1841, records a meeting of the physicians and surgeons of Branch County held at the court house in the village of Branch to organize the "Branch County Medical Society." Those who took part in this organization were: Darwin Littlefield, Mathew Gill, Henry B. Stillman, Loftus Hyatt and William P. Hurd. Dr. Littlefield was elected president, Dr. Hyatt vice president, Dr. Gill secretary, Dr. Stillman treasurer, leaving Dr. Hurd as the only unofficial member. The annual meeting of this society was set for May and so far as known the meetings were held for a few years. But eventually the society became moribund, and for many years its activity was intermittent if there was any at all."[9]

It was in answer to a call of Dr. John H. Beech (*See* "Pioneer Physicians," Volume I, Chapter VI) that physicians of that part of the state met at Coldwater and organized the Southern Michigan Medical Society.[9]

The Southern Michigan Medical Association held a meeting at Coldwater—Dr. W. Lyons, president, Dr. Bion Whelan, secretary—December 9, 1884. There was an elaborate and interesting program.[16]

At a meeting of the Branch County Medical Society a fund was placed in charge of the Patriotic Committee subject to its order until the end of the war.[14]

THE CALHOUN COUNTY MEDICAL SOCIETY†

The Calhoun County Medical Society was first organized in the village of Marshall on November 11, 1839. A Constitution and By-Laws were adopted and the following officers elected: President, Luther W. Hart,

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†Written by Dr. Wilfrid Haughey, Battle Creek, Michigan.

Marshall; vice president, D. B. Crane, Albion; secretary, J. H. Montgomery, Marshall; treasurer, William Thompson, Marshall; censors, Drs. Crane, Montgomery, Bevitt, Sibley and Greves.

The membership consisted of Drs. A. L. Hays of Marshall, the first physician in the county, who came from New Hampshire in 1831 and died in 1864; Luther B. Hart, who came in 1832 from New York and died in 1842; James P. Greves and Joseph Sibley of Marshall, who came in 1834; J. H. Montgomery, who came from New York in 1836 and died in 1887; D. B. Crane of Albion; Daniel Hudson, Edwin D. Bevitt, Wm. Thompson and L. J. Aylesworth of Marshall; Robert B. Porter of Marengo; Henry Proctor of Tekonsha; Vernon Parks, D. Nims, and E. Allen of Homer; Albert W. Lathrop of Marshall; Frederick Wheelock of Albion, and T. C. Hurd of Burlington. (*See* Volume I, Page 223.)

These constituted the charter members and it will be noticed that none was from Battle Creek, which at that time was a mere hamlet. At the time of the reorganization in 1876 only two of these were in active practice, Dr. Montgomery of Marshall, who died in 1887, and Dr. Porter of Marengo, who died in 1890. Dr. Porter retired from active practice in 1880. Dr. Nims removed to Jackson and Dr. Hurd to Union City. The rest were dead.

Later members were added to the Calhoun County Medical Society as follows:

Dr. William M. Campbell located in Battle Creek, March 1, 1837, and remained there in active practice until his death, March 15, 1870. (*See* Volume I, Page 195.) Dr. Edward Cox located in Battle Creek September 5, 1839. He became very active, a leader in many enterprises, and mayor of the city. He died in 1882. (*See* Volume I, Page 217.)

Dr. Mathew Gill, Jr., came to Battle Creek in 1843, removed to Marshall in 1862 or 1863 and then to Elkhart, Indiana. In the record of the early activities of the reorganized society will appear a set of resolutions referring to this man.

Dr. James Taylor came to Battle Creek in the winter of 1842-1843. In the year 1847 there was quite a severe epidemic of illness requiring extraordinary attention from the doctors and because of shortage and impossibility of securing medicines Dr. Taylor had to search much throughout the woods for remedies. He contracted an illness from which he died in the spring of 1848. Dr. Hazard A. Potter came to Battle Creek in 1844 and moved in 1845 to Geneva, New York, where he died a few years later. Dr. S. B. Thayer came to Battle Creek in 1846, removed two years later to Detroit. He subsequently returned two or three times to Battle Creek, where he died in 1874. Dr. Asahel Beach came to Battle Creek in 1834, practiced medicine for a few years, when he retired and went into commercial business in 1843. (*See* Volume I, Page 277.) Dr. Drake practiced a short time with Dr. Thayer and then moved to Indiana, later to Detroit, and was killed on the railroad at Ypsilanti. Dr. Artemus Doane located at Bedford in 1848, removed in 1853 or 1854 to Battle Creek, where he practiced until his death in 1866. Dr. M. L. Tomlinson located in Battle Creek in 1854 and continued in practice on the location of the present Y. W. C. A. building until he died October 18, 1886. Dr. James A. Doane located in Battle Creek in 1863 and practiced until 1874-1875, when he removed to Catskill, New York. Dr. Simeon S. French came in the fall of 1847. He had an active practice, served during the Civil War as surgeon of the Sixth Michigan Infantry, later of the Twentieth. He practiced to an extreme old age, to 94 or 95, and died in 1910. Dr. L. A. Foote started practicing in Vermontville in 1873 and then removed to Battle Creek. The above were all members of the old Calhoun Medical Society and practiced the regular profession. (*See* Volume I, Page 346.)

Other physicians who have practiced in the county but whose membership in the old society is not certain were Dr. Samuel Tuttle, who came to Albion in 1841. He attended a course of lectures in Ann Arbor in 1852. He was accepted into honorary membership in the reorganized society in 1877. Dr. H. B. Teed located in Battle Creek about 1845. Dr. Ennis Church located in Marshall in 1843 and later removed to Mississippi. Dr. G. W. Force located in Marshall in 1841. In 1844 Dr. Maniates, an Italian, located in Marshall, where he died later. Dr. Waldo in 1842 located in Albion, where he practiced until his death. Dr. O. C. Comstock, Jr., located in Marshall in 1836, but engaged mostly in manufacturing and mercantile business rather than the practice of medicine. He was mixed up with the "Crosswhite" affair. (*See* Page 319 and foot-note, Chapter XII, this volume.) Dr. James A. Hahn located in Marshall in 1845, coming from Seneca, New York, practiced about fifteen years, then removed to Chicago, where he died. He was succeeded by his son, Henry Hahn, who practiced for a considerable time in Marshall and joined the reorganized society. Drs. Anderson and Gibson came to Marshall in 1861, stayed only a short time, then departed. Dr. H. L. Joy came to Marshall in 1845 and enjoyed a very extensive practice. He was mayor in 1877 and died late in 1887. He also was an active member of the reorganized society. Dr. Enke came to Marshall in 1870 but stayed only a short time, removing to Detroit. Dr. Calvin Millington came from Vermont to Albion in 1836, Dr. H. M. Hovey from New York in 1838, Dr. James Henderson in 1837, Dr. Benjamin Packard in 1845. These were all dead in 1876. Dr. W. H. Johnson came in 1850, also Dr. W. B. Southard, both of whom later removed to Kalamazoo. Dr. Milton Osborn came from New York to Albion in 1850, Henry Van Ostrand in 1857, and William W. Collins in 1859. Dr. E. W. Wilber came in 1861 from Indiana and Dr. A. R. Brown from New York in 1867. Dr. John P. Stoddard, a native of Michigan, located in Albion in 1867, was the secretary of the reorganized society and later removed from the county. Dr. M. O. Belknap came in 1871 but soon afterwards removed to Lake Superior. Dr. Amos Crosby came from New York in 1872. He was a member of the reorganized society. A notation ordering the secretary to send a letter of condolence to him on account of illness is in the minutes of the meeting June 3, 1884. His name does not appear in any of the records since. Dr. A. M. Haight, a native of Michigan, settled in Albion in 1874, and Dr. E. L. Parmeter, also a native, settled in 1877. Dr. Parmeter is still living, has served as president of the county society and has been a very active and respected practitioner all his life. Dr. Willoughby O'Donoghue, who came to Albion in 1853, served with distinction with the Regiment of Engineers and Mechanics until their discharge in 1865. He then engaged in commercial activities and was living in 1913. Dr. Charles J. Lane was born in Calhoun County in 1837, entered the medical department, University of Michigan, in 1860, enlisted in the service as hospital steward in 1861-1862, then resumed his medical studies at the University of Pennsylvania. In 1864 he was appointed first lieutenant and ordered to transport duty. In 1865 he was sent to Port Royal, South Carolina, in charge of the United States General Hospital. In 1866 he resigned and returned to Marshall, where he practiced until 1905, when he retired, becoming judge of probate. He still lives in Marshall. The first physician in Athens was Dr. Ashton Wallace, who came in 1835 and died in 1857. Dr. William H. Delop came to Athens in 1868 and built a hotel. Dr. J. W. Lee came in 1859. In 1839 Dr. Vernon Parks and Dwight Nims located in Homer. Dr. Campbell Waldo settled on a farm near Albion in 1833. He had practiced in Cayuga County, New York, for several years. He built a saw mill in Eaton County and purchased a saw mill at Tekonsha. He became blind, went back to Albion, and died in 1866 at the age of eighty. He organized the select school in Tekonsha, served in the New York legislature before coming to Michigan and was elected to the Michigan state senate in 1849. Dr. H. M. Smith settled in East Leroy in 1850.

For some time the old Calhoun County Medical Society had been out of existence when on November 17, 1876, the following letter was sent to every known regular physician practicing in Calhoun County.

> Dear Doctor:
>
> You are cordially invited to be present at a meeting of the physicians of this county to be held at Albion the fourth day of December, next, at two P. M., to reorganize the Calhoun County Medical Society.
>
> (Signed) JOHN P. STODDARD, M.D.
> AMOS CROSBY, M.D.
> J. H. MONTGOMERY, M.D.

On December 4 a large number of physicians of Calhoun County met at the office of Dr. Stoddard in Albion. The meeting was called to order by Dr. Stoddard and organized by electing Dr. J. H. Montgomery of Marshall temporary chairman and Dr. S. A. Foote of Vertmontville as secretary pro tem. Chairman Montgomery made some remarks setting forth the object of the meeting and what was desired to be done in reorganizing the old Calhoun County Medical Society. Pursuant to a motion, Drs. S. S. French of Battle Creek (*See* Volume I, Page 346), John P. Stoddard of Albion and O. S. Phelps of Homer were appointed a committee on Constitution and By-Laws.

Their report was adopted and a permanent organization effected: President, Dr. J. H. Montgomery, Marshall; first vice president, Dr. Edward Cox, Battle Creek; second vice president, Dr. O. S. Phelps, Homer; secretary, Dr. John P. Stoddard, Albion; treasurer, Dr. M. A. Garcia, Battle Creek. Standing committees were appointed as follows:

On Ethics and Grievances, Dr. Edward Cox and Dr. O. S. Phelps.

On Public Health and Hygiene, Drs. H. L. Joy and O. C. Lyon.

On Epidemics and Endemics, Drs. J. P. Stoddard and E. A. Collins.

On Relations to Jurisprudence, Drs. S. S. French and L. A. Foote.

Diphtheria was selected as a subject of discussion for the next meeting and Dr. M. A. Garcia was appointed as essayist. Drs. O. S. Phelps and O. C. Lyon were appointed to lead the discussion. The initiation fee was fixed at $1.00 and the annual tax or dues, fifty cents. The charter members being those present at this meeting were J. H. Montgomery, Marshall; Edward Cox, Battle Creek; Mark W. Tomlinson, Battle Creek; Amos Crosby, Albion; John P. Stoddard, Albion; O. S. Phelps, Homer; L. A. Foote, Vermontville; J. F. Smiley, Marshall; J. B. Davis, S. S. French, M. A. Garcia, Battle Creek; O. C. Lyon, Tekonsha; E. A. Collins and H. L. Joy, Marshall. Of these Dr. J. H. Montgomery was a charter member of the first Calhoun County Medical Society organized in 1839, thirty-seven years before. Drs. Cox, Tomlinson, Foote and French were members of the old society, as were probably Drs. Crosby, Stoddard and Joy. This establishes a very direct connection between the first and the reorganized society.

At a meeting March 6, 1877, the society received a letter from Dr. George E. Ranney, secretary of the Michigan State Medical Society, calling attention to the bill before the legislature regulating the practice of medicine and registering physicians. A resolution was adopted asking the legislature that this bill be passed and that a standard of medical education be arrived at, also to protect the people at large from ignorant and itinerant quacks.

On September 4, 1877, Drs. F. Wheelock, S. Tuttle and W. O'Donoghue of Albion were elected honorary members. They were members of the first Calhoun County Medical Society. On this same date appears the following interesting set of resolutions introduced by Dr. J. H. Kellogg.

> "WHEREAS Dr. M. Gill formerly a regular practicing physician of this county has rendered himself obnoxious to the medical code of ethics and to all philanthropic physicians by the use and advertising of his secret remedy for hemorrhoids and,
>
> "WHEREAS said Dr. Gill has taken and is now taking a course to bring reproach upon the regular profession by advertising himself as a regular practitioner as well as using the names of prominent members of this and other societies as references, therefore be it
>
> "RESOLVED that we hereby express our entire disapprobation of the course of said Dr. Gill and that we refuse to recognize him as a physician in regular practice, and do not allow the use of our names in favor of his secret practice."

At the meeting of December 4, 1877, the above resolution was adopted and upon motion of Dr. Hawxhurst, it was directed that it be given to the public press. Dr. Kellogg offered to publish the report in his paper, "Health Reform."

At the very next meeting March 5, 1878, Dr. Kellogg asked advice in regard to putting a card in the journals and periodicals, announcing its aims and purposes and calling the attention of the public to a "Sanitarium" of which he was the physician-in-chief. This request was referred to the Committee on Ethics, but the report of the committee is not given in the minutes.

Showing a feeling between the regulars and homeopaths at this period, there was a considerable discussion at the meeting of December 5, 1878, relative to the application for membership of Dr. J. H. Wattles. This application had been on the table for some time. It was taken from the table at the request of the Committee on Membership, who reported that inquiries had been made and it appeared the applicant was practicing homeopathy, also that he himself professed to have been instrumental in establishing the department of homeopathy at the State University. The committee was asked to make a definite recommendation, whereupon they recommended that the application be rejected. This was carried. (*See* Volume I, Page 393.)

In the report of the Committee on Epidemics is the following:

"In conclusion your committee congratulates the association upon the general good health which has prevailed during the past year throughout the boundaries of our county, and that we ought to be profoundly thankful to that Providence which has so generously kept from among us any deadly pestilences or fatal epidemics."

The minutes during this period contain the gist of the papers read and a very complete report of the discussion by each one who took part. These discussions must have been very lively and entertaining as well as useful.

At the meeting of September 3, 1879, was a long discussion "Should Physicians Dispense their own Drugs?" Dr. Hawxhurst made a few remarks upon the question, "Should the Dentist be Considered a Specialist in the Practice of Medicine or Should there be Two Distinct Professions of Medicine and Dentistry?" He advocated the former.

December 2, 1878, Dr. George H. Green spoke of a case of puerperal convulsions which he had successfully treated with blood-letting after all other treatment had failed.

At the meeting of June 3, 1879, Drs. Cox and Montgomery were appointed a committee to draft resolutions upon the death of Drs. Nims and Tuttle.

At this early date there was much discussion of the use of quinine in pneumonia and of the use of alcohol in treatment of disease. Dr. French stated that he had known lives to be lost because alcohol could not be obtained, also that in the army alcohol was used as a prophylactic for malarial diseases. Dr. Kellogg quoted Dr. Livingstone, who, in Africa, found that malarial diseases were more fatal with those who used alcohol habitually.

During these meetings of the late seventies and early eighties there was an afternoon session, an adjournment for supper and an evening session.

For the meeting of March 7, 1882, Dr. H. O. Walker of Detroit had prepared a paper on the subject of the relation of syphilis to marriage, but unfortunately had left it at home. He therefore gave a talk on the subject from some notes he had jotted down during the day. He thought that a syphilitic might safely marry as a rule after the beginning of the tertiary stage.

September 5, 1882, numerous papers were read, among them one by Dr. Anna Stewart on "Occupation for Women," advocating the physical and mental education necessary to prepare women for nurses. She spoke extensively upon the health of women, their habits of avoiding sunlight and what should be done in instructing them to act as nurses.

A resolution of regret was adopted "that one of our members, Dr. D. C. Hawxhurst, in a foreign land where he was adding to his already well-supplied fund of professional knowledge, away from his friends and family except his wife, was taken with that dread disease, smallpox, from which he died on the sixteenth of February last."

At the meeting of September 4, 1883, the subject of typhoid fever being under discussion, Dr. A. W. Alvord made the statement that he believed the disease to be a filth disease and preventable.

In June, 1888, Dr. W. H. Haughey was elected to membership. The meetings for many years at this period were intensely interesting, dealing with treatment of pneumonia, typhoid fever, diphtheria as well as surgical subjects. The papers were mostly by local men with an occasional outsider like H. O. Walker, Hal Wyman, Leartus Connor, and others. The discussion was always interesting, Drs. S. S. French, A. W. Alvord, A. H. Kimball, J. H. Kellogg, I. Y. Kezartee, W. J. Fairfield being always prominent.

In the middle nineties, local Academies of Medicine flourishing in Battle Creek, Marshall and Albion, the society entered upon some lean years, and at one time actually voted to disband. This occurred May 26, 1896. A motion was made and carried to reconsider. Dr. Haughey moved that the Chair appoint a member from each of the medical societies in the county to assist in interesting members in the County Medical Society. A meeting was called for Albion. Dr. E. J. Pendell was elected president and Dr. W. H. Haughey, secretary. It was decided to invite the wives. From this time on the society has grown progressively.

Dr. W. H. Haughey served as secretary for nine years, also a term as president. Dr. Arthur S. Kimball served several years as secretary, also a term as president. Dr. A. F. Kingsley, Dr. Wilfrid Haughey, Dr. T. E. Squire, Dr. L. E. Varity and Dr. H. B. Knapp have served successively as secretary and the society now is very progressive with 110 active members.

During the ninth decade of the nineteenth century two forceful and energetic characters were added to the Calhoun County Medical Society membership in Battle Creek: one, Dr. Austin W. Alvord, coming from Fenton, Michigan; the other, Dr. Arthur H. Kimball, from Vermont. Both graduates in regular medicine, each having had several years experience, they were well grounded in scientific medicine of the day. Both being good prescribers and competent practitioners and of strong personal character, but unfortunately of different temperament and tastes, they repelled rather than attracted each other, and although both enjoyed an extensive practice many laughable incidents occurred because of their flings and digs one way and another, particularly during society meetings. At one meeting while discussing pneumonia the two men differed when one reported the cure of thirty successive cases by the administration of one grain of sulphate quinine every hour for twenty hours and asked, "What does the gentleman think of that?" Quick as thought the reply came back, "I do not know what to think, it having occurred in the gentleman's practice, but had it occurred in my own practice I should have thought that I had made thirty mistakes in diagnosis."

Dr. A. W. Alvord graduated from the University of Michigan in 1868, had a large experience in the Civil War and a long practice in Battle Creek. He was a member of both county and state societies and the American Medical Association, held office many times in the county society and was once president of the Michigan State Medical Society, was deeply interested in securing better medical education and better laws, and served on many committees both local and national to that end. He was a member of the first board of registration in medicine in Michigan, and died greatly regretted by his many medical friends and patients in 1913.

Dr. A. H. Kimball graduated from Dartmouth in 1875 and after several years active practice in New England came to Battle Creek in 1883, where his forceful character, determined ways, indomitable will, excellent judgment, splendid diagnostic ability and careful but fearless prescribing gained him a leading position in the profession of the county and state. He read many papers before the county society, filled at times most of the offices, including president, but ill health (tuberculosis) caused his demise at the early age of 47, much to the sorrow of his professional brothers and to the great loss of both civil and forensic medicine in this vicinity. Being a man of strong likes and dislikes those of whom he made friends were staunch and loyal to the end. His enemies, of whom he did have some, usually after the first encounter contented themselves by leaving him severely alone.

A few years after the death of Dr. A. H. Kimball his son, Dr. Arthur S. Kimball, also a graduate of Dartmouth College and the University of Michigan, took out a membership in the Calhoun County Medical Society and began practice in Battle Creek in 1903. Being a good student, forceful and aggressive and a rather good mixer, he soon assumed a position of leadership in professional matters and educational thought, took an active part in the society's work, read many papers before it, was secretary and later president. He soon limited his practice to obstetrics and children's diseases, to which he applied himself with his usual diligence and vigor. He became prominent in the work, was well liked by his patients and his opinion was sought by his confreres. Being interested in all things constructive he saw the great need of better facilities for caring for the needy sick in our midst and devoted himself with great energy to the securing of hospitals for the care of contagious and infectious diseases. After much effort and numerous disappointments he succeeded in having erected in our city [Battle Creek] a commodious contagious disease hospital which was given his name. He also lived long enough to see the project of a county tuberculosis hospital, which he supported with all his heart, successfully launched and carried forward almost to the point of construction before he succumbed himself to the great white plague that he labored so hard to check and control. He was a member of and did much work in the anti-tuberculosis societies and died greatly regretted by the entire community, mourned by his friends and missed by his professional brothers in their counsels and meetings. Recently through the activity of the Rotary Club a memorial bas-relief of Dr. Kimball has been placed in the county tuberculosis hospital. Dr. Kimball's wife, son, and four daughters survive.

Early in the nineties of 1800 Dr. E. J. Pendell became president of the Calhoun County Medical Society. Dr. Pendell had enjoyed a fine practice in Marshall for some years, was well liked and because of his ability was elected to the position of president of the society, which he held two or three terms. During his occupancy the society was again reorganized and placed on a very much stronger basis than ever before. He was untiring in his work and efforts to benefit the society. I think he never missed a meeting, was always in the chair and presided with vigor, energy and fairness. So thoroughly did he do his work that during his term of office from a beginning with no membership at all it extended to and included every eligible doctor in Calhoun County and many from adjoining counties. In fact so thoroughly was the organization completed that it continued on in the same progressive manner until the reorganization of the State Medical Society in 1901 when Calhoun County Society was granted Charter No. 1, simply because it was able to show an organization sufficiently perfect to get together and make a claim for that number. Dr. Pendell had an extensive private practice in Marshall.

At this point credit ought to be given to other Calhoun County doctors who did so much to encourage and forward the work of Calhoun County Medical Society: Dr. Joy, Dr. George H. Green, Dr. Smiley and later Dr. Starr K. Church and Dr. H. B. Gessner of Marshall, Dr. Shurtlef of Portalo, Dr. Haines of Homer, Dr. Gubbins of Ceresco. All contributed by their labors and presence at the meetings to the success of the society.

From Albion great interest was shown. It was in Albion that the county society was first reorganized way back in the early period. It was also in Albion that the second meeting of reorganization was held just twenty years after the first reorganization. At this reorganization meeting the custom of holding an annual banquet at which the ladies were invited was taken up and continued for many years, or until the present time. This first meeting was held at the residence of Dr. Frank Palmer, a graduate of the homeopathic school. He had met with some legal questions and suits at law through which he became convinced that the members of the regular profession were more valuable friends to him than his own and he promptly left his own school and declared himself with the regulars and remained so through the rest of his life. Albion too had a strong profession. Among members of the medical profession were the Parmeters. The elder, Dr. E. L., has been a very prominent practitioner in Albion for many years and is the father of Dr. Rolland Parmeter, prominent in the profession in the city of Detroit at the present time. Dr. George C. Hafford, though a young man at the time, was a force in the profession and by his ability and skill has ever maintained that leading position to which his son, Dr. A. T. Hafford, is now attaining.

Other doctors, early members of the society, of Albion, were Henry D. Thompson, who was a long time secretary of the society; Dr. A. D. Bangham, who was a member of the board of pension examiners and also represented his district in the state legislature of Lansing two or three terms; Dr. A. J. Abbott, prominent in the present profession of a later period.

Dr. T. E. Sands was born in 1861 in Pennsylvania. He studied law and was admitted to the bar in 1882 and entered practice in Battle Creek. Later that same year he began studying medicine under Dr. W. J. Fairfield. He studied two years at the University of Michigan and took his degree at Starling Medical College at Columbus, Ohio. He entered practice in Battle Creek, was an active member of the County Medical Society and the American Medical Association, and a frequent contributor to the program. He died suddenly, January 22, 1911.

Dr. W. H. Haughey was born in Kalamazoo, July 6, 1856. His parents both came from Ireland. His father served in the Mexican War, Civil War and Indian Wars. Dr. Haughey attended public schools and taught thirteen terms in county schools. He graduated at Detroit College of Medicine in 1888 and came to Battle Creek to enter practice. He has been prominent as a surgeon doing general surgery and industrial and railroad surgery. He did the first appendectomy ever done in Battle Creek. In 1893 he reported to the County Medical Society a method for closing abdominal wounds with a buried suture, the ends being brought to the surface so they could be removed. This was reported under the name of Ideal suture. It was later described as the Haughey suture by Dr. Montgomery in his text-book on surgery. He helped reorganize the Calhoun County Medical Society when it was voted to disband in 1896, became its secretary and served in that capacity for nine years. He assisted in the reorganization of the Michigan State Medical Society in 1901, became councillor for the third district and secretary of the council, which position he held for ten years. For the past several years he has been active in welfare and relief work in Battle Creek. He is still in active practice and maintains his interest in medical society affairs. He helped organize the Nichols Memorial Hospital training school for nurses and has served on the executive staff of the hospital for well over thirty years as well as lecturing to the nurses. His oldest son, Dr. Wilfrid Haughey, is in practice in Battle Creek.

Dr. Wilfrid Haughey was born in Kalamazoo County in 1880, graduated at Detroit College of Medicine in 1906. He has practiced in Battle Creek ever since, has served as secretary of the Michigan State Medical Society, editor of the *Journal* and secretary of the Calhoun County Medical Society. and is now vice president. He has been secretary of the Southwestern Michigan Triological Association, and is now (1929) president. He was responsible for the organization of the Ophthalmological Section of the Michigan State Medical Society. He served as chief ophthalmologist, chief otolaryngologist and chief of head service, Base Hospital No. 36, overseas, and cared for the first American gas cases, gassed at Baccarat, France. He is now lieutenant colonel, Medical Reserve, and for years has been associated with Dr. R. D. Sleight, in Battle Creek.

Dr. W. E. Dockerey was born in 1842 in Canada. He served in the Civil War, three months' enlistment in 1861, and then reenlisted in the Twenty-ninth Ohio Infantry and served until July 22, 1865. He continued his interrupted medical studies at Western Reserve and graduated in 1867. He practiced in Lake County, Ohio, then Pentwater, Michigan, in 1873, Big Rapids, 1885, St. Louis, Missouri, 1905, and Urbandale, Calhoun County, 1911. He died in 1927.

Dr. W. L. Godfrey was born three miles south of Battle Creek in 1852. graduated from the University of Michigan in 1876, and has practiced in Battle Creek ever since. For the past thirty years at least he has scarcely missed a meeting of the Michigan State Medical Society or the American Medical Association. He has now retired but still cares for a few of his families (1929).

Dr. W. S. Shipp was born in Calhoun county, January 22, 1876, and graduated from the University of Michigan in 1903. He enjoyed a very extensive practice in Battle Creek, general medicine and industrial and railroad surgery. He was a prominent member of the Social and Country Clubs and during the war served on the draft board. On July 25, 1925, one of the men whom he passed for service returned from Philadelphia, went to his office and, point-blank, shot him in the abdomen, killing him instantly.

Dr. Asa C. McCurdy was born in Battle Creek in 1886, graduated from the University of Michigan in 1908, served one year internship at Buffalo, New York, was assistant surgeon of the Lackawanna Railroad at Lackawanna, New York, then began private practice in Battle Creek in 1910, where he enjoyed a very extensive practice. During the war he went into service with the ambulance company from Battle Creek, served in Italy, then in France where he died at Brest of septicemia complicating a boil on the face in 1919. He was one of the four physicians from Michigan who lost their lives in the service.

The first physician to locate in Calhoun County was Dr. Andrew L. Hays, who arrived in Marshall in May, 1831, from New Hampshire. His son, Luther, was the second white child born in the county, January 22, 1832. Dr. Hays served during the Black Hawk War with the company from Calhoun County, which, however, went only as far as Schoolcraft because of Black Hawk's capture. (*See* Chapter XII, this volume.) In 1836 in the organization of the militia Dr. Hays was made Brigadier General. In 1861 he imported an English coacher stallion and proceeded to breed fine horses. He with his wife issued the earliest dated deed to real estate in Calhoun County, January 7, 1832.

The first probate judge in the county was Dr. James P. Greves, 1834 to 1836. This doctor was also first vice president and later president of the first Anti-Slavery Society organized in 1839.

The following homeopathic, eclectic and irregular physicians appeared in the old record:

Dr. J. H. Wattles came to Battle Creek in 1868. He practiced medicine and surgery and claimed to have performed trephining and cataract operations previous to 1877. His application for membership in the reorganized society was rejected because of his claim to have been instrumental in organizing the homeopathic department of the University of Michigan. He died just a few years ago. Dr. Robinson, a Dr. Spencer and a Dr. John Beach (*See* Volume II, Page 237) were practicing in Battle Creek in the late 1870's. Dr. Ripley, a botanical specialist, located in Marshall in 1845. A Dr. W. B. Church, eclectic, came in 1860, and Dr. Sullings, homeopath, came to Marshall in 1852. Dr. Coon came to Marshall about 1857, also a homeopath. Dr. H. A. Peterman, an eclectic and compounder of patent medicines, came in 1857, and I find a record of a Mrs. D. H. A. Peterson, a regular practitioner, about the same time.

Dr. F. W. Bathrick was born in New York in August, 1834. He taught music for ten years. He studied medicine in Toronto later under his father as preceptor. He opened an office in Battle Creek in 1861, took his degree at Hahnemann Medical College, Chicago, 1867, and continued in practice in Battle Creek until his death, September 20, 1897. Dr. Bathrick sued one of the Detroit newspapers for slander for a news report and collected $20,000.

The Calhoun County Medical Society in 1877, through a committee of Dr. Cox and Dr. O. S. Phelps, adopted a resolution reciting "that all persons practicing or advertising to practice a secret remedy or remedies render themselves obnoxious to the code of medical ethics, to all philanthropic physicians, and to the best interests of society."[3]

"Obnoxious" is a fine old word.

Discussing "The Periodical Examination of all Practicing Physicians by a State Medical Examining Board"[3] in 1882, the president, Dr. George H. Green of Burlington, took the affirmative on request. "Dr. French, negative, thinks that, while thorough education is desirable in all professions and trades, the state ought not to be required to furnish such an education: that every man of worth will be able to secure an education without aid."

Dr. W. H. Haughey, writing in 1918 of the twentieth anniversary of the Calhoun County Medical Society reorganized in 1876, said that one-half of the charter members were at the time of a proposed reunion (1896) no longer living.

Major James T. Case and Captain Wilfrid Haughey in April, 1918, were serving in France and sixteen members of the society had been awarded commissions.[14]

Dr. James T. Case of the Pavlov Physiological Institute of the Battle Creek Sanitarium published in *Radiology* an admirably illustrated and thoughtful article on "Some Pseudo-Vesicular Shadows and Other Pitfalls in Gall-bladder Roentgenology," summarizing as follows:

> "1. In the direct examination of the gall bladder without the aid of cholecystography, a small, rounded, ovoid shadow in the right upper quadrant, distinctly not caused by the inferior border of the liver or the kidney, is in all probability due to something else than the gall bladder.
>
> "2. This statement is borne out by the fact that such an ovoid shadow may appear even in patients from whom the gall bladder has been removed; and by the further proof that the gall bladder visualized by the Graham method generally does not coincide with this ovoid shadow, formerly supposed to represent the gall bladder.
>
> "3. This ovoid shadow is usually due (a) to 'piling up' of the shadow of the first portion of the duodenum, or (b) to an unusual (perhaps even usual) arrangement of one of the smaller lobes of the liver, or (c) to the shadow of the pyloric end of the stomach, even without resorting to an opaque meal.
>
> "4. The same explanations apply to the rounded so-called 'gall-bladder impression' of the first part of the duodenum, formerly thought to be due to pressure of the gall bladder."

At a meeting of the Calhoun County Medical Society October 1, 1918, Dr. W. T. Martin gave an exhibition of the films and methods used in combating venereal diseases in the army.[14]

JACKSON COUNTY MEDICAL SOCIETY

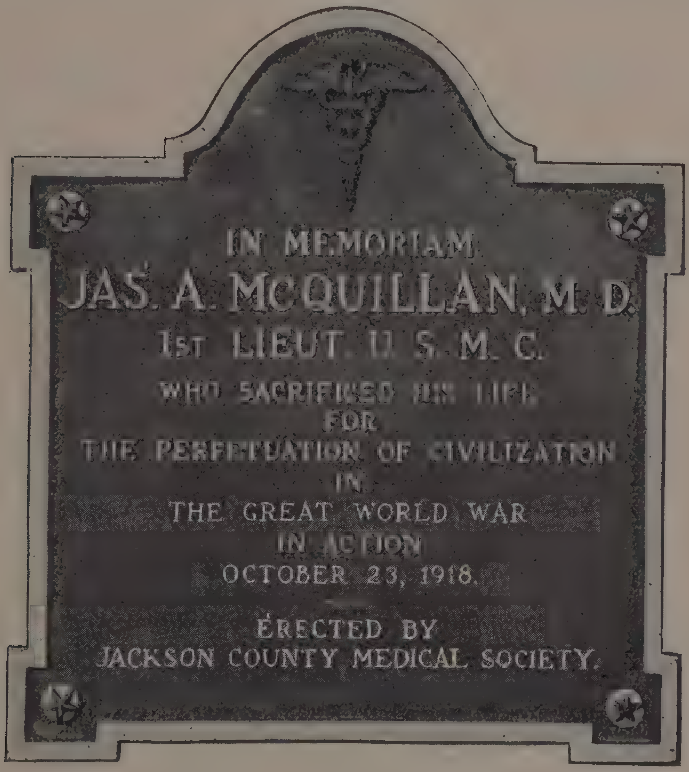
The first Jackson County Medical Society was organized in 1843: (*See* letter, Page 461) President, Dr. G. J. Cornell; vice president, Dr. Adams; secretary, Dr. John McLean. It died, and was reorganized first in 1849 and again in 1866. "Medical ripping up the back, slandering and depreciating the work of others were carried in those days to an extent and with a virulence incredible to the present generation of practitioners."[14] (Dr. Frederick W. Rogers.)

The Jackson County Medical Society Clinic gave a week's interesting program at the W. A. Foote Memorial Hospital in October, 1921.[14]

The *Journal* report adds: "As far as known this plan has not been tried out before and it was a complete success, all specialists attending expressing themselves as delighted with the scheme. The management of the hospital gave wonderful support in every department and donated beds free for twenty-four hours, which gave the visiting physicians an opportunity to classify and arrange the work the day before the cases were to be presented, making the handling of large numbers of cases a much easier task and admitting of closer study of the ones presented. Full and complete case histories were prepared by the attending physicians in advance, which also proved a time-saving element."

THE EARLY PHYSICIANS AND THE MEDICAL SOCIETIES OF JACKSON COUNTY†

In our search for information on the early physicians of Jackson County, we find that the lay historian frequently informs us what states they came from, but never says anything about what school they graduated from, or studied in; or whether they had any real medical training at all. As there was not until comparatively recent years any medical practice law in Michigan, a large share of the earliest physicians of the community, and several of the later ones, had no training better than taking care of some physician's horse, or working more or less in a drug store with a little desultory reading. It would be of interest to us if in speaking of these pioneers we could know what training they had.


IN MEMORIAM
JAS. A. MCQUILLAN, M. D.
1ST LIEUT. U. S. M. C.
WHO SACRIFICED HIS LIFE
FOR
THE PERPETUATION OF CIVILIZATION
IN
THE GREAT WORLD WAR
IN ACTION
OCTOBER 23, 1918.
ERECTED BY
JACKSON COUNTY MEDICAL SOCIETY.

MEMORIAL TABLET, FOOTE HOSPITAL

The first families to locate in Jackson came in the spring of 1830, others came later and the village took on village ways, the farming country was rapidly settled, and other villages were soon on the map. The nearest and most advanced post of civilization was Ann Arbor, then a village of perhaps 250 inhabitants, among whom according to a writer of that time were an undue proportion of lawyers, doctors and land agents. In September the wife of E. B. Chapman, one of the earliest group of settlers, was to be confined. For the accouchement Mr. Chapman secured Dr. Samson Stoddard, one of the supernumeraries at Ann Arbor. Mrs. Chapman was delivered of a daughter, the first white child born in Jackson County. Dr. Stoddard concluded to make Jackson his permanent home, thus becoming the first physician to locate here. He was successful and popular, becoming a man of means. In 1840 he purchased and removed to a large farm near Concord in this county where he resided a number of years, later removing to Albion, where he died. (*See* Volume I, Page 215.)

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†Written by Dr. Frederick W. Rogers, Jackson, Michigan, and published in the *Journal of the Michigan State Medical Society*, August, 1929.

In 1831 Dr. Oliver Russ came here from Vermont. Many legends have survived describing his bluff, robust personality. For a considerable time he made his calls afoot, and it is related that in 1832 upon hearing that cholera was epidemic at Marshall, he walked all the way there. He remained several days attending the victims and after returning home walked back to Marshall, at other times staying various periods of time and doing what he could for the sick. (*See* Volume I, Page 323.)

George W. Gorham was the next physician to arrive, coming in 1833. Records show that he was a much respected and successful practitioner, dying here in 1860. Ira Backus arrived in 1837, becoming a partner of Dr. Gorham, and practiced many years.

George W. Smith began practice here in 1836 but died soon afterward, when, it is written, his prospects were very bright. By this time there were other physicians in some of the settlements of the county but the information is too meager and too difficult to obtain except for very enthusiastic historians. We find a Dr. J. A. Pratt locating at Spring Arbor in 1835, removing to some other field in 1844.

Dr. Edward Lewis, a fine scholarly gentleman, came from Vermont in 1835, locating on a farm near Concord, later taking up a medical practice at Concord village. He removed to Jackson, was a much respected practitioner, in 1843. His son, Dr. C. H. Lewis, a highly educated gentleman, practiced for some years in Chicago, then came back to Jackson, where, except for a brief time on the Pacific coast, he practiced until his death not many years ago. (*See* Volume I, Page 267.)

About 1840 Dr. Bingham was practicing at Grass Lake and in 1833 Dr. J. G. Cornell purchased a farm at Spring Arbor. He practiced medicine for many years, became the first president of the first Jackson County Medical Association.

Among the early physicians we find the names of two men who later obtained fame in other localities. Dr. John McLean began practice here in 1837. It is said that he ranked very high among his confreres and made a reputation that extended far from Jackson. When Rush Medical College was organized in Chicago he was invited to become a member of the first faculty, where he is said to have achieved great fame.

Another who attained great eminence among the medical men of Michigan was Abram Sager, who located in Jackson in 1838, later becoming a member of the first faculty of the newly organized medical school at the University of Michigan. Dr. Peterson, of the present faculty, wrote some years ago a very interesting paper on his medical career. He successfully performed the earliest caesarean section in Michigan while a member of the University of Michigan faculty.

Dr. J. A. Davis located in Jackson as a physician and a horse trader for an important transportation company. He gave up medical practice, removing to Albion in 1850.

Dr. David McClure located in Jackson in 1834. He operated a drug store, did office practice and frequently went in consultations with other physicians by whom, it is written, his opinion was held in much respect.

Dr. Charles L. Merriman located here about 1836 and practiced many years. Educated as a regular, he changed to homeopathic practice, becoming probably the first of that persuasion in Jackson.

A well educated and energetic young man, Moses McNaughton, located in Jackson in 1840. He was a very capable practitioner and after a successful practice of several years, abandoned the practice of medicine to become a real estate dealer on a large scale. He died here at an advanced age. Dr. Joseph Tunnicliff, who became one of the leading surgeons of Jackson, began practice in 1840. In 1850 George W. Carhart located in Jackson and during the next twenty years was one of the leaders of the city. He died about the age of 45.

Dr. R. H. Davis, a graduate of the first class of the University of Michigan medical school, practiced here until disabled by the infirmities of age.

One of the most notable and talked of physicians in Jackson since the earliest days was Gordon Chittock. More stories and legends have survived him than any other medical man Jackson has known with the probable exception of Dr. Russ. Dr. Chittock practiced here from the early '50's until his retirement in the late '80's. He died at an advanced age many years after his retirement. There were a number of other physicians in practice here from 1850 up to the Civil War about whom not much is written.

Besides Drs. Chittock, Tunnicliff and Carhart appear the names of A. M. Crawford and a Dr. Turner, neither of whom were graduates but were practitioners for many years.

Probably one of the best known physicians in Southern Michigan was Dr. J. D. North, a graduate of the late '50's. He practiced here many years. Dr. Cyrus Smith, also a graduate of the late '50's, practiced here until he died.

Dr. John Smith, a fine Christian gentleman and a homeopathic practitioner, located here in the late '80's. He served in the Civil War as a captain of infantry. After the war he resumed medical practice and practiced in Jackson many years. Two of his sons have been honored members of the profession: Dr. Dean T. Smith, late professor of surgery at the homeopathic medical department of the University of Michigan, and Dr.

John C. Smith, one of our highly successful eye, ear, nose and throat specialists and a past president of our County Society.

Many physicians of Jackson County served in the Civil War, several from the smaller villages of the county whose names are not readily available. Of those most readily ascertained appear the names of Joseph Tunnicliff, surgeon to the First and Fourth Michigan Infantry, later brigade or active brigade surgeon; Cyrus Smith, A. M. Crawford and W. H. Palmer, who enlisted as a hospital steward and was afterwards assistant surgeon to R. H. Davis as contract surgeon; Gordon Chittock and others whose names do not come to memory on examining board for recruiting.

Dr. M. McLaughlin, who located in Jackson in the early '70's, had been assistant surgeon in a New York hospital. Dr. McLaughlin practiced in Jackson from the early '70's until the late '80's, retiring with a competence.

Dr. Miar McLaughlin, now of this city, is his son. Dr. A. E. Bulson survived through the Civil War as musician, enlisting as fifer before he was 14 years old. Dr. B. B. Anderson, father of Dr. W. B. Anderson of this city, served in the ranks as a soldier and afterwards studied medicine and practiced successfully in Jackson until he retired from the infirmities of age.

After more or less success the society of 1840 expired. In 1849 it was revived or a new one formed, of which we find Moses McNaughton as president. This functioned several years. After the Civil War in 1866 the society was revived or newly organized—not clear which. Among other names our informants have forgotten, appear the names of G. W. Crawford, Gordon Chittock, A. M. Crawford and Cyrus Smith. A few years after the demise of this society, another was formed which had a short life, flickered and gave up the ghost. That a successful society in Jackson during those years was impossible is not strange. (*See* quotation, Page 456.)

About 1888 or 1889 a county society called the Jackson Academy of Medicine was organized, functioned for a while, dwindled and died late in 1893 or early in 1894. There was no quarrelling in the society, the meetings were characterized by good feeling and good humor. One fact that worked for disaster was the apathy among several physicians who had the largest practice and were influential. They cordially approved the society idea but could not be drawn personally to a meeting with a caterpillar tread tractor. The only surviving members of this society in Jackson County are W. W. Lathrop and F. W. Rogers.

Early in January, 1901, in response to a general call, several members of the profession in the city met at the office of Dr. A. E. Bulson to attempt to form a new society. Dr. Bulson acted as chairman and Dr. A. H. Wilton as secretary. Committees were appointed to effect a permanent organization. The meeting adjourned to meet again at the same place, January 24. At this meeting on the twenty-fourth the society was formed with twenty-six charter members. The officers were: President, A. E. Bulson; vice president, Mrs. Martha C. Strong; secretary, A. H. Wilton; treasurer, F. W. Rogers.

The next meeting was held February 14, at which time it was decided to use Castle Hall, which is now the Majestic Theater, for a permanent place for the next meeting, which was to be held in April. This society has been supported loyally by the medical profession of Jackson County and is, we think, a strong, live society. Before the added strength given by the reorganization of the State Society, two factors made the society worth while. Several of the members who had the most lucrative practice set a fine example by invariably attending all the meetings—although for years the meetings were held in the afternoons and sometimes using the evenings—leaving word at their homes and offices that they were not to be disturbed during the meetings. Another factor, which is still perhaps even more pronounced by the policy of this society, is the prominence of the social element. This adds interest to the meetings and gives the members opportunity to see what good fellows the other men are when they meet them in the right way. It is doubtful if there is another city where the relations of the doctors with each other are more cordial or where there is less underhand trickery or back stabbing among them.

Jackson, November 29, 1929.

J. H. Dempster, Editor, *Journal of the Michigan State Medical Society.*

Dear Doctor:

In my contribution on the early physicians and the medical societies of Jackson County, I stated that the first society was organized in 1843. This was on the authority of Col. Vic De Land's "History of Jackson County," which is the best authority on general events we have. But I have within the last few days been shown by Mr. Frank McLean an excellently printed certificate of membership† in the Jackson County Medical Society issued to his father, Dr. John McLean, dated April 25, 1840, signed by J. G. Cornell, M.D., president, and G. W. Gorham, M.D., secretary.

Very truly yours,
F. W. Rogers.

The Medical Profession in Genesee County‡

EARLY HISTORY

Before any physician had established practice in Genesee County, the settlers here who needed medical attendance were served by Drs. David L. Porter, J. B. Richardson and Olmstead Chamberlain, of Oakland County, and possibly by others. Of these the one who was most frequently employed was Dr. Chamberlain. He was then a middle-aged man, though an old physician in practice. He was born in Richmond, Vermont, in 1787, and settled in Pontiac in 1821. He was probably the first physician who ever set foot within the territory of Genesee County, having passed through here in 1823 on his way to Saginaw, whence he had received an urgent summons to attend the soldiers of the garrison, among whom an alarming epidemic had broken out. The only road was the Indian trail through the woods, but the doctor at once mounted his horse, and traveling night and day, at times obliged to dismount and feel for the trail on his hands and knees, arrived in due time, and rendered good service to the sufferers. And for the early settlers in Grand Blanc and at Flint River he was always equally willing and ready to give professional assistance, although he was not compelled to rely on his profession for a livelihood, and did not follow it as a regular business. He was present with Colonel Cronk in the fatal sickness of the latter at Flint River, in 1832, and on this occasion, as in other critical cases at Grand Blanc and on the Flint, remained for two or three days, never quitting his patient until out of danger or past hope of recovery. He remained in Pontiac until 1864, when he went to live with a son in Waupun, Wisconsin, where he died October 10, 1876, aged eighty-nine years.

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†This certificate is reproduced in Volume I, Page 240, of this history.

‡Written by Dr. Wells C. Reid, Goodrich, Michigan, from Evert's and Abbot's "History of Genesee County" published by J. B. Lippincott & Co., 1879, information derived from the old files of the *Flint Globe, Genesee Republican* and Pioneer Society records and those of the Genesee County Medical Association and the Flint Academy of Medicine.

The first physician to locate and practice in Genesee County was Dr. Cyrus Baldwin, who came from Onondaga County, New York, and settled in Grand Blanc in the spring of 1833. He was a deacon in the Presbyterian Church at that place. In 1837 he removed to Atlas, being the first physician in that township, and remained there in practice a number of years. About 1840 he became a member of the Genesee County Medical Society.

Myron Ries, aged about eighty-four, living in Goodrich, remembers Dr. Baldwin well. He says he was a large man, gray headed. He remembers being treated by Dr. Baldwin. He disliked the doctor because he gave him some large blue pills. In general, however, Dr. Baldwin was a much loved man, well thought of in the community. He was much depended on in the church and at one time there was a church under construction at Riley Kipp's corners, being the first corner north of Sunnyside switch on the Detroit United Railroad. When the frame of the building was erected, Dr. Baldwin died. Construction was stopped and never again started, and in a few years these timbers were sold and removed.

Mr. Myron Ries remembers a story circulated at one time. Dr. Baldwin used to make his own pills and he had some drying in the sun on a board. A rooster found these pills and ate them. He crowed steadily all night. (A similar story is told of a Romeo physician in Volume I, Page 289.)

In the Horton Cemetery near Goodrich in Atlas township is a new monument to Dr. Cyrus Baldwin. But broken and lying on the lot is the original marble monument worded, no doubt, according to Dr. Baldwin's wishes. It says:

> Here lies the remains of Cyrus Baldwin.
> Died August 27, 1855.
> A sinner saved by grace.
> Thousands of journeys night and day I've traveled, weary on the way,
> to heal the sick. But now I am gone a journey never to return.
> "Repent was Jesus' first command,
> For the kingdom of heaven is at hand."†

Dr. John W. King came to Genesee County in 1834, and located at Grand Blanc. After the removal of Dr. Baldwin from that town, in 1837,

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†From private notes.

Dr. King remained as the only physician of the settlement until the spring of 1848, when Dr. H. C. Fairbank became his business partner. This connection continued till the winter of 1849-1850, when Dr. King withdrew almost entirely from practice, and soon afterwards removed to Flint village, where he engaged in the foundry business. After some two years he returned to Grand Blanc and passed his remaining years in comparative retirement upon his farm. In 1873 he experienced an attack of paralysis from which he never fully recovered, and he died on November 12, 1876.

At the funeral of Dr. King a short address was made, at the request of members of the profession, by Dr. George W. Fish, of Flint, who was an associate and friend of the deceased during a period of more than thirty-seven years. Extracts from the address follow:

> "Dr. John W. King, so well known to the citizens of this town and county, has contributed his full share towards redeeming this beautiful country from the savagery of an uncultivated wilderness, and building up the institutions and developing the physical resources of a most prosperous and happy commonwealth. You, my friends, the neighbors of him whom we today mourn, will, I am sure, bear me out in saying that whatever you have in this community that is good and true and pure and of good report, whatever tends to mental, moral and religious culture, whatever has been calculated to make vice and immorality odious, and to cherish and foster education, morality and religion, has always found an active friend in Dr. King. Of him it may truly be said, he has done what he could to elevate the race and to make men and women better. Such men do not live in vain. They are a blessing to the community where their lot is cast, and the death of such is a public calamity.
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> "As a medical man, our friend laid no claim to profound erudition or especial brilliancy. He was laborious, painstaking and absolutely conscientious. He was, moreover, more than ordinarily well read in what we call the general principles of the profession; he was familiar with the old textbooks, and an admirer and, to some extent, an imitator of such noble Christian men as De Lamater, Muzzey and Willoughby. With these as his models, and his absolute honesty and sterling common sense, he soon became a safe and successful physician.
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> "Were you to ask me wherein his great strength lay which gave him access to the people, I should answer in his true manliness of character. Removed alike from the simpering of the silly fop and the imperious bluster of the professional autocrat, he cultivated the golden mean of a noble manhood. There was in his nature such an inexhaustible supply of pleasant sunshine that his visits to the sick were always welcome. He was a Christian gentleman of the old school, entirely above the petty tricks and jealousies of the charlatan. In all this he was worthy of imitation by the members of the profession of the present day who might be under a cloud. Neither provocation nor hope of reward would tempt him to do a mean or unprofessional act to one of his brethren in the profession.
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> "My acquaintance with Dr. King has been somewhat intimate, and has extended over a period of nearly thirty-eight years. We were associated in the struggle of professional life in this (then) new country. On horseback we found our way to the log cabins of the early settlers, and not infrequently, by day and night, we met by the rude couch of the sick and suffering. Most of the men and women of that generation have passed away. A few still linger among us, and they will remember the fierce contest that was waged with poverty and sickness in the new settlements. Dr. King and the other physicians of that day were in perfect sympathy with the people and suffered with them."

Dr. John A. Hoyes, a graduate of the medical school at Fairfield, Herkimer County, New York, was the first resident physician in Flint, where he settled in 1835,† and continued in an extended and successful practice until about the year 1847, when his failing health caused him to seek relief in the South. He experienced little benefit, however, from the southern climate, and not long after returned to Flint, where he died December 20, 1849, aged forty-three years. He was widely known, and a trusted and popular physician.

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†It has been stated in a public address that Dr. Hoyes settled here in 1836, but as his name is found signed to a memorial to Congress in favor of the Smith heirs to the Indian Reservation,—which paper is dated "Flint River, September 28, 1835,"—it seems pretty certain that he came as early as that year.

Dr. Robert D. Lamond, a graduate of the medical school at Castleton, Vermont, and also of the Fairfield Medical College, Herkimer County, New York, came to Flint, about 1838, from Pontiac, where he had commenced practice soon after 1830. In 1835 he was a member of the Oakland County Medical Society, and its secretary. Afterwards, he was one of the original members of the first medical society of Genesee County (as were also Drs. King and Hoyes). He continued to reside in Flint during the remainder of his life, and was for many years the most prominent physician in the county. He represented Genesee County in the legislature in 1844, and died in Flint in 1871. (*See* Volume I, Pages 213 and 353.)

Dr. George W. Fish came to this county in 1836, locating in the township of Genesee, where he practiced for two or three years, and then removed to Flint, where he remained in practice till 1846. At that time he removed to Jackson, and three or four years afterward, on account of his health, to Central America, in the employ of the Panama Railroad Company. Upon the completion of that work he went to China, and remained there seven years in the medical service of the Board of Missions. While there, he filled, for a time, a vacancy in the United States consulate at Hong Kong. Upon the opening of the War of the Rebellion, he returned to the United States and entered the army as brigade surgeon, holding that position till the end of the war, after which he returned to Flint. He served for a time on the board of trustees of the Institution for the Deaf and Dumb and the Blind, and also one term in the State Senate. (*Sec* Volume I, Page 353, and Volume II, Page 309 *et seq.*)

Dr. Daniel Clarke is a graduate of Harvard University, class of 1839. He came to this county in 1840 and settled in the township of Grand Blanc. He removed to Flint in 1844, but remained only until 1845, when he returned to Massachusetts. In 1847 he again located in Flint, where he continued in extensive practice. (*See* Volume II, Page 235.)

Dr. Richardson came to Flint about 1837. He removed West soon after 1840, and later practiced in Greenville, Montcalm County.

Dr. H. C. Fairbank, a native of Wayne County, New York, and a graduate of the Willoughby University and of the Western Reserve College, at Cleveland, Ohio, commenced practice in the village of Flint with Dr. R. D. Lamond in the spring of 1847. In the following year he removed to Grand Blanc and entered practice there with the veteran Dr. King. This business connection continued for one and one-half years, when Dr. King retired to his farm. Dr. Fairbank remained in Grand Blanc till November, 1864, when he removed to Flint. During the sixteen years of his practice in the former place his ride extended through six townships, of which Grand Blanc was the center. (*See* Volume 1, Page 200.)

Dr. Elijah Drake settled in Flint before 1840, and remained there in practice until his death in 1875. He was a brother of Hon. Thomas J. Drake and of Morgan L. Drake, of Pontiac.

Dr. De Laskie Miller came to Flint from Lapeer (where he had previously practiced) in 1845. After seven years of successful practice there, he removed to Chicago. Subsequently he was appointed professor of obstetrics in Rush Medical College.

Dr. John Willet, a graduate of Geneva (New York) Medical College, came to Flint in 1846, and remained constantly in practice there until his appointment as surgeon in the Union army in August, 1862. Upon his return from the service he retired from general practice, and engaged in the drug business. He has been elected representative in the state legislature, and in 1879 was serving a second term in that office.

Dr. Samuel W. Pattison came to Dibbleville (now Fenton) in June, 1836. After practicing there for a few years he removed to Ypsilanti. Dr. Pattison was the first physician in Fenton, and the only regular one in that township for several years.

Dr. John C. Gallup, a graduate of the medical school at Pittsfield, Massachusetts, came to Fentonville about 1840, and succeeded to the practice of Dr. Pattison upon the removal of the latter to Ypsilanti. Dr. Gallup remained in Fentonville until 1851, when he removed to Palmyra, New York. From that place he returned to Michigan, and was located for a short time at Grand Rapids, but soon after went to Clinton, New York, where he became president of the Houghton Female Seminary.

Dr. Thomas Steere was in Fentonville as early as 1838. He had followed the business of druggist, and was not a graduate of any medical school, but, impelled by the scarcity of physicians in this region at that time, he commenced the practice of medicine. He continued in it with fair success, enjoying the respect of the people until his death, which occurred about 1852.

Dr. Knight was located at Long Lake, in the town of Fenton, and continued in practice there from about 1849 until 1875 or 1876, when he moved to Petoskey.

Dr. Isaac Wixom came to Genesee County in 1844, and settled in the township of Argentine. After a quarter of a century of successful practice there and in adjoining counties, he removed to Fenton in 1869, where he was in 1879 practicing, at the advanced age of seventy-six years. Dr. Wixom received his diploma at Penn Yan, Yates County, New York, in 1824, practiced his profession for four years in Steuben County, New York, removed in 1829 to Oakland County, Michigan, where he remained until his removal to

Genesee County. As a surgeon he has been called on difficult cases in other counties of this and adjoining states. During the War of the Rebellion he was commissioned surgeon of the Sixteenth Michigan Infantry, and served with that regiment in the field for two years. Besides the practice of his profession, Dr. Wixom was in late years largely engaged in farming, milling and mercantile business. He served in both houses of the Michigan legislature.

Dr. Eldridge G. Gale, a native of Massachusetts, and a graduate of the medical college at Castleton, Vermont, came to Davisonville (now Atlas) in November, 1844. He practiced there with success until 1851, after which he became engaged in politics, and was elected to the legislature for several terms (serving in both houses), and was a delegate to the constitutional convention in 1850. Soon after this he entirely withdrew from the practice of medicine, and devoted most of his time to farming and sheep raising. He moved to Vermont and was succeeded in practice in Atlas by Dr. Murray.

Dr. Joseph W. Graham came from Owosso to Fentonville in 1846, and remained there in practice till about 1851, when he removed to Flint. About two years later he left Flint and located in New Albany, Indiana, from which place he afterwards removed to Chicago, where he died.

Dr. William B. Cole came to Fentonville about 1850. After a few years he retired from practice and held several township offices. He finally removed to Pontiac, Oakland County, where, in September, 1871, he purchased a half-interest in the *Pontiac Jacksonian* from the widow of its former proprietor, D. H. Solis. He soon afterward became sole proprietor of the paper, but in May, 1872, sold an interest to Mr. Sheridan, and in the fall of the same year the firm moved the office and material to Ludington, where it became the *Ludington Appeal* and was eventually published in the interests of the "Greenback" party.

Dr. Joseph Eastman commenced the practice of medicine at Goodrich in 1846. Afterwards he moved upon a farm in Davison township, and still later removed to the city of Flint, where he died in 1878.

Dr. Miller settled as a physician in Flushing about 1842. After many years' practice there he removed to Springfield, Oakland County, from which place he removed to Wenona.

In the above mention of the earlier physicians in the county of Genesee, it has been the intention to include those who commenced practice here down to the year 1850. Of most of those who came later the names will be found in the membership lists of the medical societies of the county.

THE GENESEE COUNTY MEDICAL ASSOCIATION

On Saturday, May 26, 1866, a number of physicians of Genesee County held a preliminary meeting at the Irving House, in Flint, to take measures for the formation of a county medical society. R. D. Lamond was chosen chairman, and J. B. F. Curtis, secretary, of the meeting. A. B. Chapin, M. F. Baldwin and C. V. Tyler were chosen as a committee to draft a constitution and by-laws, and S. M. Axford, C. V. Tyler, S. Lathrop, L. N. Beagle, A. B. Chapin, M. F. Baldwin and J. B. F. Curtis were chosen as delegates to the State Medical Convention, to be held at Detroit, on the fifth of June next following. The meeting then adjourned to July 14. At the adjourned meeting the committee reported a constitution, which was adopted and signed by the physicians present, viz.: R. D. Lamond, Flint; H. C. Fairbank, Flint; A. B. Chapin, Flint; S. M. Axford, Flint; James B. F. Curtis, Flint; S. Lathrop, Pine Run; M. F. Baldwin, Genesee; Lewis S. Pilcher, Clayton. The name adopted for the organization was "The Genesee County Medical Association," having for its declared object "the promotion of medical and general science, and in every way to advance the interests of the medical profession." The following were chosen its first officers: President, R. D. Lamond; vice president, H. C. Fairbank; secretary, J. B. F. Curtis; treasurer, A. B. Chapin.

The following physicians were admitted as members of the association at different times subsequent to its organization:

1866—N. Bates, Linden; L. N. Beagle, Forest; C. V. Tyler, Flushing; R. Murray, Davison.

1867—William R. Marsh, Fenton; Isaac Wixom, Argentine; ——— Watrous, Grand Blanc; H. H. Bardwell, Genesee; William Gibson, Clio; Ransom N. Murray, Grand Blanc; J. Eastman, Davison; John W. King, Grand Blanc (honorary); J. H. Axtell, Tuscola County.†

1868—C. V. Beebe, Grand Blanc; H. P. Seymour, Clayton; C. W. Pengra, Goodrich; Andrew Slaght, Grand Blanc; G. W. Howland, Flint; George W. Fish, Flint.

1869—L. W. Hanson, Otisville; T. S. Reed, Mount Morris; John B. Laing, Mount Morris; T. R. Buckham, Flint; James C. Clark, Atlas; Bela Cogshall, Gaines; C. Mather, Linden; A. W. Riker, Fenton; William Forbes, Flint; Cyrus G. Davis, Grand Blanc.

1870—Daniel Clarke, Flint (honorary); John Willett, Flint (honorary); J. C. Willson, Flint; ——— Harper, Argentine; William Bullock, Orson Millard, A. S. Austin, D. A. Campbell, Clio; L. T. Wells, F. H. Hamilton, Columbiaville; A. F. Coupe, Flushing; ——— White, Davison.

1872 ——— Hollywood, Mount Morris.

Several who were elected to membership, however, did not sign the constitution and by-laws, and several others, who had perfected their membership, withdrew afterwards. Dissatisfaction crept into the association, and it was finally dissolved about 1873, its last recorded meeting having been held May 17 in that year.

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†An article of the constitution permitted regular physicians of any adjoining county, in which no medical society existed, to become members of this association.

GENESEE COUNTY MEDICAL SOCIETY†

This society—the first medical association in Genesee County—was organized in the winter of 1841-1842. Dr. G. W. Fish, in his address at the funeral of Dr. John W. King, in November, 1876 (from which an extract has been given above), mentioned the formation of the old society as follows:

> "About thirty-five years ago, four physicians met in an office in the little village of Flint, and after much deliberation and consultation, organized the first medical society ever formed in this part of the state. They were all young men, but recently from the schools, natives of the State of New York, and had all a common *Alma Mater*—the old Fairfield Medical College, in Herkimer, New York. Of those who that day attached their signatures to the constitution and by-laws of the first Genesee County Medical Society, one, Dr. John A. Hoyes, has been dead almost a score of years; another, Dr. Robert D. Lamond, died some five years since; the third, Dr. John W. King, lies in his coffin, and will soon be borne by us to his last resting place; and the fourth is he who now addresses you."

Dr. Fish was mistaken in supposing that this was "the first medical society ever formed in this part of the state," for Dr. Lamond, a member of this, had also been a member and the secretary of the Oakland County Medical Society in 1835, and Dr. Samuel W. Pattison, of Fentonville, was admitted to membership in the Oakland Society in 1838; but in other particulars the statement was, of course, correct.

In a letter written by Dr. Fish, from Tunis, Africa, he speaks of the organization and existence of this society as follows:

> "We sent to Detroit and Pontiac for copies of the constitution and by-laws of their respective medical societies, and framed one suited to our wishes. My impression is that Dr. Hoyes was the first president, and Dr. Lamond, secretary. I also think that at the first annual meeting, which was held at Flint the following June, Drs. Steere and Gallup, of Fentonville, and Dr. Baldwin, of Atlas, became members, and perhaps Dr. Miller, of Flushing, may have joined at that time, or soon after. I may be mistaken one year in the date of the organization, but I think I am right. The society remained in active operation for many years, until I went South. I believe all the regular bred physicians who came into the county became members of the society, besides some from Lapeer, Shiawassee and Saginaw Counties."

The Flint Academy of Medicine

The organization of this society was effected at a meeting of the physicians and surgeons of the county of Genesee, held at the Scientific Institute rooms, in the city of Flint, August 18, 1871. Dr. Daniel Clarke, of Flint, as chairman, proceeded to explain the object of the meeting, and appointed a committee composed of Drs. A. B. Chapin and Henry P. Seymour, of Flint, and Dr. Adelbert F. Coupe, of Flushing, to draft a constitution and by-laws.

By the first article of the constitution as reported, the name and style of the association was to be "The Society of the Physicians and Surgeons of Genesee County." On motion of Dr. J. C. Willson, of Flint, this article was amended by the substitution of the present name of the society. The several articles, and the entire constitution and by-laws were then adopted, the article having reference to eligibility for membership being as follows:

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†In an historical sketch of the city of Flint, published recently in some of the newspapers, it is stated that the name of this old organization was "The Flint Medical Association." That this is incorrect is proved by an advertisement found in the *Genesee Republican* of the year 1845, in which Dr. George W. Fish, as secretary, called the annual meeting of the Genesee County Medical Society, to be held at the court house in Flint.

"Any physician in good standing, and who is a graduate of a regular school of medicine recognized by the American Medical Association, may become a member of this Academy."

The members of the academy at this organization were Daniel Clarke, H. C. Fairbank, James C. Willson, George W. Fish, Thomas R. Buckham, William Bullock, A. B. Chapin, Orson Millard, Henry P. Seymour, P. G. Wartman, Flint; Adelbert F. Coupe, Newcomb S. Smith, Flushing; Hiram H. Bardwell, Mount Morris; C. W. Pengra, Atlas. The following were its first officers: President, Daniel Clarke; vice president, Adelbert F. Coupe; secretary, Orson Millard; treasurer, James C. Willson; board of censors, Newcomb S. Smith, George W. Fish, James C. Willson.

The subsquent admissions to membership have been as follows:

1871—L. W. Hanson, Otisville; Bela Cogshall, Gaines (later of Flint); M. B. Stevens, Byron (Shiawassee County); Andrew Slaght, Grand Blanc.

1872—J. B. Laing, Mount Morris; George W. Howland, C. P. Donelson, Flint.

1874—William Forbes, Flint; A. W. Nicholson, Otisville; William Collwell, Byron (Shiawassee County); E. H. Hurd.

1876—G. V. Chamberlain.

1877—J. Eastman.

1878—C. M. Rulison, Flushing; A. A. Thompson.

1879—J. N. Buckham.

Date of admission not recorded—H. Edwards, T. P. Kenyon.

The present [1879] membership of the academy is as follows: Daniel Clarke, Harvard University, Massachusetts, 1839; George W. Fish, Vermont Academy of Medicine, 1837; H. C. Fairbank, Cleveland Medical College, 1847-1848; Orson Millard, University of Michigan, 1870; Henry P. Seymour, University of Michigan, 1870; Thomas B. Buckham, Victoria University (Canada), 1866; Adelbert F. Coupe, University of Michigan, 1870; Newcomb S. Smith, Iowa University, 1864; Andrew Slaght, University of Michigan, 1868; M. B. Stevens, University of Michigan, 1869; J. C. Willson, University of Michigan, 1859; A. B. Chapin, University of Michigan, 1861; L. W. Hanson, New Hampshire Medical Institute, 1867; Bela Cogshall, Jefferson Medical College, Philadelphia, 1866; John B. Laing, Detroit Medical College, 1870; George W. Howland, University of Michigan, 1870; H. Edwards, Victoria University, 1846; C. W. Pengra, Detroit Medical College, 1870; William Forbes, Cleveland Medical College, 1847-1848; A. A. Thompson, University of Michigan, 1856; T. P. Kenyon, Detroit Medical College, 1876; G. V. Chamberlain, Detroit Medical College, 1874; C. M. Rulison, Albany Medical College, 1874; J. N. Buckham, University of Michigan, 1878; Hiram H. Bardwell, Rush Medical College, Chicago; E. H. Hurd, University of Michigan, 1867.

The officers of the academy for 1879 were A. A. Thompson, president; N. S. Smith, vice president; Bela Cogshall, secretary; J. C. Willson, treasurer.

Homeopathy in Genesee County

The pioneer homeopathic physician in Genesee County is Dr. I. N. Eldridge, who is now [1879] in the twenty-ninth year of his practice in the city of Flint. He is a graduate of the Homeopathic Medical College of New York, and Cleveland, Ohio, and one of the oldest homeopathic practitioners in the state. In 1847 he was one of the eight physicians (that number embracing all of the homeopathic school who were then in practice in the state) present at the formation of the first Michigan Institution of Homeopathy, and its first vice president; was also the first president of the "Homeopathic Medical Society of the State of Michigan," and held the offices of secretary and treasurer in that society for eight years until 1877; and has been since June 1873 a member of the American Institute of Homeopathy. He came to Michigan from Livingston County, New York, in 1847, and located at Ann Arbor. He first practiced in Flint in 1850, and in the following year settled here permanently. "His practice in Flint" (says Cleaves' "Biographical Cyclopedia") "became so extensive as to demand a coadjutor, and in Dr. E. F. Olds, whom he had converted from allopathy, he found an associate for a short period." Dr. Olds after a short stay in Flint removed to South Lyon, Oakland County, and was afterwards located at Howell, Livingston County, and at several other places in the state. He is now in Philadelphia, Pennsylvania, whether in practice or not is not known.

Dr. William S. Cornelius came to Flint not long after Dr. Eldridge. He removed after a few years' practice, and is now in Washington, Delaware. About the same time came Dr. Lewis Taylor, who located in Flushing. Dr. Charles M. Putnam established in Flint some fifteen years ago. Dr. C. S. Eldridge practiced in Flint in 1865. Dr. J. G. Malcolm came to Flint about 1866, remained a number of years, and removed to Memphis, Tennessee. Dr. A. J. Adams commenced practice in Flint about 1873. The list of homeopathic physicians in Genesee County as given in the "Annual [homeopathic] Directory" for 1878, is as follows: I. N. Eldridge, C. M. Putnam, A. J. Adams, C. A. Hughes, M. E. Hughes, Flint; Lewis Taylor, Flushing; R. E. Knapp, Fenton; A. Austin, Argentine; J. Parks, Gaines.

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The (present) Genesee County Medical Society, reorganized shortly after the adoption of the program of 1902 (*See* Chapter VII), has been an energetic, useful and influential body devoted to a common purpose and inspired by high ideals. It includes in its membership practically all of good standing in its field.

"The Clinical Section of the Genesee County Medical Society met January 28, 1921. Dr. T. S. Conover read a valuable paper on "Common Ophthalmic Mistakes." Dr. J. G. R. Manwaring demonstrated the proper method of using Tarnier's axis traction forceps. Dr. W. H. Marshall reported a case of angina pectoris and demonstrated a specimen showing chronic aortitis and coronary sclerosis."[14]

Dr. Conover (deceased) was a quaint character, well informed, ultra-religious, of engaging personality. He deservedly enjoyed a large and remunerative practice in his specialty.

Team work in the Genesee County Medical Society (March 1921) is reported by its erudite secretary, Dr. W. H. Marshall, in the May, 1921, *Journal of the Michigan State Medical Society*. Drs. H. E. Randall, J. G. R. Manwaring and M. W. Clift, World War veterans all, contributed. At later meetings papers by Dr. Hugh Cabot and Dr. Max Peete of the University were presented.[14]

Dr. Max Burnell of Flint, Dr. H. M. Rich of Detroit, and Dr. W. H. Marshall of Flint had papers before the Clinical Section, Genesee County Medical Society, in April, 1921.[14]

Dr. A. C. Blakeley of Flint reported to the Genesee County Medical Society, in 1921, a case of rupture of the uterus in which he performed a hysterectomy successfully.[14]

Drs. McKean, Varney and Kidner of Detroit were on the program of the sixth district medical societies, Shiawassee, Genesee, Clinton and Livingston Counties, in November, 1921.[14]

Dr. L. R. Himmelberger, pathologist to Hurley Hospital, Flint, wrote in May, 1930, a valuable letter to the *Journal of the Michigan State Medical Society* on "Native Malaria in Michigan":

> "Malaria was one of the scourges in the early history of Michigan. This was especially true of the central portions of the lower peninsula, where "ague" retarded the settlement of some districts. Dr. Burr, in his history of the Michigan State Medical Society, cites instances of quite widespread malarial infection as late as 1891. The rapid advance of the settlements and the use of drainage methods in making the country habitable eventually freed the state to a large extent of the malarial-bearing mosquito, the Anopheles.
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> "During the summer of 1928, which was marked by a heavy precipitation and rank growth of vegetation, numerous cases of malaria appeared in the vicinity of Flint and Genesee County. It is the appearance of these cases that appears to warrant this brief report of the malaria situation and an observation regarding its present day epidemiology, as it applies to public health. Flint being an industrial city, numerous people have been attracted thereto, notably from the South, in the hope of gaining employment available in the factories. Of all the cases which were definitely diagnosed by the demonstration of the plasmodium in the blood, a great majority have been southern people from known malarial districts. We have in our records, however, fourteen cases of malaria in native Michigan people, who give a history of never having been outside of the state, three of whom have never been more than 100 miles from Flint; of these, two were small children.
>
> "According to R. H. Pettit, professor of entomology at Michigan State College, there are numerous species of the malaria-bearing mosquito native to Michigan. He says they are quite commonly found in basements. As Vaughan has said, 'There can be no malaria without the anopheles mosquito and a human host.' In Michigan the anopheles is present and the infested human host is being supplied by the incoming workmen and their families, from southern malarial districts. They are bitten by our native Anopheles, which in turn infects native-born inhabitants. The seriousness of this situation is apparent at once. Malaria is definitely a public health problem in Michigan."

The Wayne County Medical Society

Dr. James E. Davis of Detroit has written the following historical account of the Wayne County Medical Society:

The first medical organization of the city of Detroit was formed in 1846 and it was named the Sydenham Society.

In 1849 was formed the first organization named the Wayne County Medical Society.

In 1853 there was formed the Detroit Medical Society, but this disbanded in 1858. From 1858 to 1866 there appears to have been no society capable of leaving a record of existence. But in 1866, Wayne County Medical Society, number two, appears in the record, but whether as a resuscitation or a creation I have been unable to ascertain. Its activities appear to have ceased in 1876. In 1902, Wayne County Medical Society, number three, was formed and incorporated. The meetings were held in the Griswold Hotel at Griswold and State Streets.

In this period there was also the Detroit Medical and Library Association, a vigorous and aspiring society with a fair sized small library. Its meetings were held directly across Gratiot Avenue to the south of the old public library or on the site of what is now the Crowley Milner Company building. After a period of spirited courtship these two societies were wedded and took the name of Wayne County Medical Society. From this period forward to the present the organization has steadily progressed.

The meetings of the society, after union of the two branches, were held in the Stevens Building, Washington Boulevard; then in the County Building.

In 1909 a permanent home was purchased at 33 High Street, East, and five years later a new auditorium was added to the building. The first meeting in the new, and at that time commodious, quarters was held February 2, 1914. In this fine old residence and hall the society meetings were held weekly, and here many attractive club features were developed. In the last eighteen years a new spirit of fraternity and mutual respect has influenced the Detroit profession, proving—that to know a man better, is to respect him more.

Among the society's many stalwart, vigorous leaders who are now dead, may be mentioned McGraw and Wyman, presidents of the two rival medical schools, also Donald Maclean and Frothingham, who had recently come as belligerents from the University of Michigan faculty. There were H. Kiefer, E. W. Jenks, H. O. Walker, H. W. Longyear, J. J. Mulheron, L. Connor, J. H. Carstens, E. L. Shurly, David Inglis, E. A. Chapoton, and others—excellent debaters, impressionistic and of striking personalities.

H. L. Obetz and R. C. Olin were the advocates of the homeopathic viewpoint.

There have been other Detroit societies with limited memberships, functioning for many years. Among these may be mentioned the Detroit Academy of Medicine (1869—), the Detroit Medical Club (1906-1927), and others.

In 1906, the Defense League became an integral part of the county society. In 1910 incorporation was accomplished and a trained librarian was employed.

During the World War more than 30 per cent of the members gave military service, and two, Drs. Post and Vaughan, gave the supreme sacrifice of life. As a permanent memorial to the men who gave service at home and abroad, the residue of the society's war fund was placed at interest to be used perpetually as a Beaumont Lectureship Foundation Fund by which a series of three lectures have been and will be given annually by distinguished members of the profession. These lectures have been published annually in book form. This fund stimulated gifts for other foundations and one of the society's active members, by a gift of $5,000, has endowed an Orthopedic Lectureship Foundation. Other gifts and some bequests have also been made.

Within the last three years the society's membership has numbered over 1,200, and in 1926 was approximately 1,400. Obviously the old home had been outgrown.

For some years, owing to judicious and careful business methods, a strong and commendable financial condition had been developed, making possible the acquirement of a very attractive and appropriate home with a beautiful assembly hall in the magnificent new Maccabee Building at Woodward Avenue and the Art Center. It has been said that there is no club or other professional society in Detroit more favorably situated and attractively homey. The future history of the society should record events of outstanding significance in Detroit and its medical profession. The first meeting was held in the new home January 4, 1927.

The library has received a very interesting collection from Dr. Guy L. Kiefer. These books belonged to Dr. Herman Kiefer and Dr. Conrad Kiefer. Among the collection are some carefully made and excellently preserved manuscripts and notes.

Libraries are in large measure created, built up and maintained by the generosity of such men as Dr. Kiefer. Donations of this sort indicate not only a generous spirit on the part of the donor, but also evince a keen interest in the advancement of medical thought as well as a community and civic interest. Such men as these are citizens of real value to a community and they reflect honor upon the professions to which they belong. May their tribe increase, for we feel that the Wayne County Medical Society should find many among its members.[2]

"A meeting for the [second] organization of the Wayne County Medical Society was held at the Mayor's office, May 30 [1866]. The following officers were elected by ballot: Dr. Z. Pitcher, president, Detroit; Dr. S. G. Armor, first vice president, Detroit; Dr. E. P. Christian, second vice president, Wyandotte; Dr. L. H. Cobb, treasurer, Detroit; Dr. H. F. Lyster, secretary, Detroit.

"Standing committees: On membership, Drs. Brodie, Noyes and Brumme; on medical ethics, Drs. Gunn, Stewart and Jones."[4]

The Wayne County Medical Society met October 26, 1868, at the Biddle House, honoring Dr. N. D. Stebbins on the occasion of his departure for California in pursuit of health. The invitation to the function is signed by Drs. D. O. Farrand, C. B. Gilbert, Richard Inglis, Theodore A. McGraw and E. W. Jenks. "A collation was prepared for the occasion and the meeting addressed by President P. Klein, who referred to Dr. Stebbins as 'a student, a scholar and a genial friend.' "

Responding, Dr. Stebbins said, "I believe no society can prosper without a moral code," and declared, "our profession has steered clear" of fictions in theory and practice. "I feel that my life has nearly run its race," he said, "and as I am about to leave you and very probably may never meet you again, you have my hearty good wishes for a happy, prosperous and honorable career, both in your moral and professional life, and that finally . . . may we one and all, after our labors of love and practice have closed for this life, enter into our rest prepared for the people of God."[4]

"There was an addition to the medical faculty of the state in the mid-century of a group of outstanding German physicians and surgeons who made a great impress, not only on their fellow-citizens, but upon medical education as well. In those early days access to the practice of medicine was gained through either of two avenues, formal instruction and graduation in the schools, or tutorship under a preceptor actively engaged in the practice of the medical art. There were no examining boards or registration officers in those days, and it rested with the qualified practitioners themselves to keep the profession clean. To that end they organized in Detroit first, the Sydenham Society, and later the first Wayne County Medical Society. This group granted certificates of proficiency in medicine and surgery. The first modern German doctor whose name appeared on these documents was Dr. Klein."[5]

At the annual meeting of "this vigorous" Wayne County Medical Society in 1881, Dr. Klein, the retiring president, was presented with a "handsome gold-mounted ebony cane suitably engraved. The token, although suggestive of declining years, was one which it was hoped the medical patriarch would yet be long spared to carry, and one which would recall on each walk it accompanied its recipient the pleasant hours of the past year, and stand as an earnest of the feelings which each member of the society entertains toward its respected ex-president."[17]

The Wayne County Medical Society discovered at an early time that physicians' fees for life insurance examinations were inadequate. In 1869 resolutions were passed calling for a fee of $4.00 for primary examination and that of certificate as "family physician" for not less than $3.00. Appended to these resolutions are the important names of William Brodie, J. F. Noyes, H. F. Lyster, committee, and of Carl Brumme, vice president, and H. O. Walker, secretary.[4]

Dr. F. B. Tibbals, first president of the Wayne County Medical Society constituted in 1902 through the union of the previously existing society under that name and the Detroit Medical Society, has furnished the following story of the get-together, reprinted from the *Detroit Medical Journal,* August, 1902, of which Mr. Walter Boynton was editor:

THE NEW WAYNE COUNTY MEDICAL SOCIETY

"Viewed from every standpoint, the results of the joint meeting of the Detroit Medical Society and the Wayne County Medical Society at the Hotel Normandie on July 25 last, must be regarded as a momentous one. Certainly the amicable result of the coming together of the two societies, long-time rivals, points to the existence of a better feeling among physicians in general than has been thought to exist; and any discussion which arose as to the name of the amalgamated societies was quite naturally to be expected. The members of the Detroit Medical Society were loyal to their organization when they desired to retain their own name; but they were more loyal to the general good of the profession when they accepted Dr. Mulheron's suggestion as to the way out of the difficulty. The practically unanimous vote showed broad-gauge principles on the part of the now disbanded Detroit society and was a forerunner of the spirit with which they will enter into the work of making the new society a worthy member of the State Society.

"The problem of combination must have confronted the authorities of the State Society at their recent meeting in Port Huron, recognizing the peculiar conditions that existed in Detroit, the city which would naturally be expected to contribute the greatest numerical strength and the most forceful organization to the general society in the state. Although younger than the old Wayne County society, the Detroit society had nearly 500 members, as against 300 in the older organization, and the spirit of rivalry that existed between the two is now a valuable asset in summing up the usefulness of the joint society to the state. The desire on the part of members in both organizations to emulate each other has brought both bodies to a high pitch and expression, which will have a telling effect in Michigan's representative medical organization.

"The strength of the American Medical Association is shown from the beginning of the late agitation in Michigan. Realizing that combination was the thing to be secured, the guiding spirits in the A. M. A. have worked intelligently to secure it. And now that the State Society has so amended its constitution as to comply with the forms of the large organization the state will be well represented in the national body. It is an exceedingly gratifying thing to see the members of any profession in harmony on any subject, particularly medical men, for chances of discussion are many and the spirit of debate is rampant in not a few. But when 800 physicians band together for the purpose of strengthening the profession in the state it is more than gratifying; it is superb. The combined strength of the two component parts of the present Wayne County Medical Society makes it one of the very strongest medical organizations in the middle west. It is to be hoped that the amalgamation may be complete and the process of assimilation may be uninterrupted.

"Credit for the combination must be given to every separate member of both old societies and to the committees from each that paved the way to combination. Drs. Samuel Bell, H. C. Wyman, L. E. Maire, E. W. Jenks and C. A. Kirker were the committee from the Wayne County Society and Drs. F. B. Tibbals, C. S. McClintock, G. W. Moran, C. G. Jennings and David Inglis represented the Detroit Society. Dr. P. Maxwell Foshay, of Cleveland, took a prominent part in securing the desired effect. Dr. Foshay is a member of the reorganization committee of the A. M. A., and gave an interesting talk on the advisability of combination in general. He was well qualified to speak on his subject.

"From now on the interests of every medical man in Wayne County Society should be advanced, not only through his connection with the State Medical Society, but through the closer bond of interest which unites him with his own society."

The story of the first election following the amalgamation of the two societies, from the pen of Dr. Tibbals, is reprinted from the *Detroit Medical Journal* of October, 1902:

The Wayne County Society Election

"The election of the Wayne County Medical Society was held in the Fellowcraft Club on the evening of October 2, with the following result: President, Dr. F. B. Tibbals; vice president, Dr. C. G. Jennings; secretary-treasurer, Dr. Hugh Mulheron; Board of Directors, Dr. Arthur D. Holmes, Dr. Samuel G. Miner, Dr. H. O. Walker, Dr. Samuel Bell and Dr. John E. Clark. It was not to be expected that at a meeting of this kind, the first one after the recent consolidation of the two societies heretofore existing in the city, there would be no rivalry between representatives of both societies to secure the nomination and election of their men; the wonder is that there was not more wire-pulling done than there was. As the matter stands now, everyone is satisfied, and the new officers can look for the hearty support of the entire society. The question of selecting five directors was a difficult one, since more than fifty members received nominations for the office, and it was a matter of some time for the tellers to announce their decision. The large number of nominations made does not suggest much log-rolling, nor does it look as if the 'bar'l' had been opened to any extent. There was simply plenty of good directorate timber and the members confessed their perplexity in choosing any one more than another.

"There should be very good times ahead for the Wayne County Medical Society. Now that the old-time spirit of emulation between the societies has lost its chief reason for existence, both sides will undoubtedly turn in and help to make the county society forge well up into the front rank of bodies affiliated with the national organization. Wayne County has many good physicians; not all of them are members of the society, but a little energy on the part of those already members will do wonders toward securing a large and a creditable membership. Every practicing physician in good standing in the county is eligible for membership in the society, with the exception of the followers of Hahnemann who hold rigidly to the dogmas of the latter. It is a well known fact that many of the practitioners of homeopathic doctrines do not confine themselves strictly to the teachings of their school, but take what they think is good from all schools. It is possible that the present rule excluding homeopaths from membership in the society may be so changed as to allow many of them to join. In all, it is expected that nearly 500 of the physicians in Wayne County eligible for membership in the society will join it within a short time; this would give plenty of material for work to advance the interests of the society and in the national organization of physicians. An index of the interest which is taken in the society is the fact that the meeting of October 2 was the largest of its kind ever held in Wayne County and that it was one of the largest ever held in the state.

"Dr. Samuel Bell, the retiring president of the Wayne County Medical Society, made an able address at the meeting. He was strongly in favor of sub-societies, where special work could be carried on by members interested in a given specialty, reports on the work to be made to the larger society from time to time. It is thought that in this way the interest of the many specialists already members of the Wayne County Society can be maintained in the organization at large, and that the opportunity of presenting notable findings before a large organization will have a stimulating effect on the work of the specialists. It is true that many specialists are already members of special societies, but it is believed that the plan of having smaller societies within the county organization will have a good effect on local work. Dr. Bell also spoke strongly in favor of the plan of dividing the county into districts, in each one of which workers shall be placed to secure a larger membership for the society; it is to be hoped that this plan will be carried out.

"The finances of the society were reported to be resting comfortably. There was about $500.00 in the treasury to be turned over to Dr. Mulheron, and with the additional dues from members it is expected that a good sum will shortly be on hand for the expenses of the society."

The *Detroit Medical Journal* was published continuously from April, 1901, through December, 1920. The list of the editors and their term of service is as follows: Dr. G. Archie Stockwell, April, 1901, to December, 1901; Mr. Walter C. Boynton, January, 1902, to December, 1902; Dr. Frank Burr Tibbals, January, 1903, to March, 1904; Dr. Herbert M. Rich, April, 1904, to October, 1909; Dr. J. H. Dempster, November, 1909, to December, 1920.

Dr. William G. Hastie, whose death occurred in 1927, was for thirty-two years in practice in Detroit. He was a charter member of the Wayne County Medical Society.

"On March 20, 1928, a large number of the members of the medical profession and other personal friends of Dr. Angus McLean of Detroit assembled in the auditorium of the Wayne County Medical Society, the object being to witness the presentation of a medal to Dr. Angus McLean from the Military College of Medicine and Surgery of the University of Warsaw, Warsaw, Poland. The medal is an emblem of fellowship in the Polish Brotherhood of Military Surgeons. Dr. McLean was elected to this honor while serving as one of four representatives from the United States at the International Congress of Surgery, Medicine and Pharmacy which was held at Warsaw, Poland, in June of 1927.

"The presentation of the medal was made by Wladyslaw Kozlowski

Polish Consul located in Detroit. Consul Kozlowski read a letter from Dr. Stanislaus Rouppert, chief of the sanitary staff of the Polish Army, conveying the medal as well as the greetings of the Polish military surgeons to Dr. McLean. The Polish Consul reviewed at length the history of Poland.

"Dr. Andrew P. Biddle reviewed the career of Colonel McLean in an address which is here presented in full. Dr. Biddle was introduced by Dr. G. Van Amber Brown, president of the Wayne County Medical Society.

"'It is with pleasure that I respond to the request of the president to say a few words on the occasion of the presentation of a medal to Dr. Angus McLean by the Consulate of the Republic of Poland in commemoration of his appointment as Honorary Professor of Military Surgery and Medicine in the Military Medical School at the University of Warsaw, Warsaw, Poland; first, because of a lifelong friendship with Dr. McLean; secondly, because I believe that such recognition, as the presentation of the medal, should be given before such a body as this, of which he is an honored member; thirdly, because as one long familiar through family and personal connection with things military and naval, I appreciate what such recognition means to the military recipient; and, fourthly, because my own naval and military life was linked with theirs and probably their association with me was the first relationship of Dr. Angus McLean and especially of his brother, Dr. Allan D. McLean, with the Army and Navy.

"'I shall not dwell upon the large amount of work done by Dr. Angus McLean in the organization of Base Hospital No. 17, the medical unit of Harper Hospital, as you are as familiar with that record as I am, but for the purpose of this evening's ceremony, shall confine myself to the official records of those allied countries which have honored him; but before doing so shall say a few words of the younger brother, personally known to many of you. When the Spanish-American War broke out in 1898 and the Michigan troops rendezvoused at Island Lake, Governor Hazen S. Pingree honored me with the appointment of Major and Surgeon of the Thirty-first Michigan Volunteer Infantry. I took Dr. Allan D. McLean with me as chief hospital steward and he served with the troops until they were discharged, winning his commission in October of that year. It was this service, I believe, which first won his determination to enter the naval service, in the medical corps of which he has gradually risen in grade until he has now reached the rank of captain, a grade corresponding to that of colonel in the army. When the American Peace Commission met with the Allied Powers in Paris he was appointed surgeon to the commission by the President of the United States.

"'Taking up the bestowal of recognition in chronological order, is first, Dr. Angus McLean's appointment to head the commission to Italy, November, 1917. The result of that work is embodied in a report of the Chief Surgeon of the A. E. F., France, "on observations of the medico-military organization of the Italian armies, in the month of October, 1917, by a committee who, upon the recommendation of the Chief Surgeon of the A. E. F. in France, were permitted to visit these organizations. The time allowed for the tour was fourteen days." The report is signed by First Lieut. Bror H. Larsson, of our profession, M. O. R. C.

"'Secondly, the letter from M. W. Ireland, Surgeon General, U. S. Army, under date of May 30, 1918, in regard to the treatment of the wounded British to "Colonel McLean with the higher medical authorities of the British Army:

"'"The professional results achieved in treating these 600 British wounded were not excelled by any other hospital in the A. E. F. You may well point with pride to the fact that, although many of them were severely wounded, all but one recovered, and he had been so hopelessly shot through the lung and infected before admission as to be practically moribund when he came under your control.

"'"It also spoke volumes for the discipline and self-sacrificing devotion to duty on the part of your command that when it became necessary to transfuse many of these wounded because of hemorrhage, you always had more voluntary donors than were necessary.

"'"Instead of waiting until the commendation received from the British could be located I thought it better to send you this personal statement in order that you may unreservedly incorporate in any report or history you may now be preparing on the operations of your unit in France, that the British and American authorities keenly appreciated, and at the time officially recognized, the valuable services rendered by your unit in the emergency above described.

"'"In conclusion, as an ex-Chief Surgeon of the American Expeditionary Forces, may I not add my own personal appreciation and thanks for the splendid work so uniformly performed by you and your associates of Base Hospital No. 17?"

"'The letter of appreciation from King George: "Buckingham Palace, Col. Angus McLean, U.S.A., M.C. The Queen and I wish you God-speed, and a safe return to your home and dear ones.

"'"A grateful Mother Country is proud of your splendid services characterized by unsurpassed devotion and courage.—George R. I."

"'The bestowal of the Legion of Honor of France on the recommendation of General Robert Duplessis, Commanding General of the District of Bourgoyne, November, 1928.

"'The order to accompany the Presidential party on its return to America, February, 1919: "American Commission to Negotiate Peace, Paris, February 3, 1919. *From:* Rear Admiral Cary T. Grayson, M.C., U. S. Navy, *To:* Chief Surgeon, A. E. F. (through G. H. Q.) *Subject:* Transfer of Colonel Angus McLean, M.C., U. S. Army. It is requested that Colonel Angus McLean, M.D., U. S. Army, of Base Hospital No. 17, now relieved from duty and awaiting transportation to the United States, be assigned to duty to accompany the 'Presidential Party' leaving Paris for Washington, D. C., on or about February 15. 1919, sailing on the *George Washington,* from Brest, France. Signed, Rear Admiral Cary T. Grayson, M.C., U. S. Navy, Aide to the President of the United States.

"'"You are relieved from further duty with Base Hospital No. 17 and will proceed to Paris, reporting upon arrival to Rear Admiral Cary T. Grayson, Medical Corps, U. S. Navy, for the purpose of accompanying the Presidential party to the United States. You should report to Admiral Grayson before February 15. When your services are no longer required by the Presidential party you will report to the Adjutant General of the Army for further orders. The travel directed is necessary in the military service. Acknowledge receipt. Davis 6:25 P. M. True copy, T. K. Gruber, Captain M. C., U. S. Army."

"'The letter of appreciation from the Commander-in-Chief of the American Expeditionary Forces, General John J. Pershing: "American Expeditionary Forces—Office of the Commander-in-Chief, April 20, 1919. My dear Colonel: I wish to express my appreciation of the valuable services which you rendered the American Expeditionary Forces. As Commanding Officer of Base Hospital No. 17, at Dijon, you displayed marked ability for organization and administration. The efficiency of your unit reflects great credit upon you. Through the excellence of your service, it functioned properly at all times, caring for hundreds of our sick and wounded soldiers. I regret that I was not able to thank you personally before you returned to the United States. Believe me, Colonel, Very sincerely, John J. Pershing. Colonel Angus McLean, M.C."

"'His appointment as honorary member of the Federation of Soldiers and Sailors of France by the Foyer of the City of Dijon, where the Base Hospital No. 17 was quartered, September 15, 1919.

"'The recommendation of the Surgeon-General of the Army for the Distinguished Service Medal: "Colonel Medical Corps, U. S. Army. As director of the professional services and later as commanding officer of Base Hospital No. 17 and surgical consultant in hospital formations at the front, by his tireless energy, great resourcefulness, and brilliant professional attainments he rendered services of inestimable value in the care of the sick and wounded of the American, British, and French armies, thereby contributing materially to the success of the American Expeditionary Forces."

"'To show his humanitarian side, the thanks of the Red Cross of Germany for his valued assistance in raising funds for the relief of the War Orphans of Germany, 1924.

"'And lastly, his appointment by the President of the United States on the recommendation of the Surgeon-General of the Army, as one of four members from the United States to the Fourth International Congress of Military Medicine, Surgery and Pharmacy, at Warsaw, Poland, May 30 to June 7, 1927, and his appointment as Honorary Professor of Military Surgery and Medicine in the Military Medical School at the University of Warsaw.

"'With such a record, Mr. Consul, I have the honor to present to you Dr. Angus McLean, late Colonel, Medical Corps, U. S. Army, for further distinction at the hands of the Army Officers' Medical School in Poland.'

"Dr. McLean's acceptance of the medal was greeted by applause by the audience who arose *en masse.* The doctor made a suitable address of acceptance."[14]

Dr. Herbert M. Rich (1874-1926), Michigan Agricultural College, B.A., and M.D. of University of Michigan, was interne in Boston City Hospital, a founder of Detroit Tuberculosis Sanitarium, and chairman of the Library Committee, Wayne County Medical Society. (*See* Page 301.)

"Alvah N. Collins, M.D., son of Lyman and Sallie (Cotton) Collins, was born near Sackett's Harbor, town of Lyme, Jefferson County, New York, January 5, 1861. His early education was obtained in the public school of his native town and in the high school at Elburn, Illinois, from which institution he went to Ann Arbor, Michigan, and attended the high school in that town. He entered the medical department of the University of Michigan and was graduated therefrom in 1885, being historian of his class. In January, 1886, he took post-graduate work at the New York Polyclinic School of Medicine, and shortly afterwards through competitive examination obtained the appointment of house surgeon of the Workhouse and Almshouse Hospital on Blackwell's Island, New York City. After one year in that position he was appointed ambulance surgeon to Bellevue Hospital, New York, and served in that capacity until the autumn of 1888, when he removed to Detroit and became assistant surgeon of the Michigan Central Railway and assistant to Dr. Donald Maclean, then professor of surgery in the medical department of the University of Michigan. In 1889 he opened an office of his own and has practiced continuously with marked success. Dr. Collins is a member of the Michigan State, American, Wayne County, Medical and Library Associations, and Gynecological Medical Societies, and is prominent in society and the clubs. He was for several years division surgeon of the Michigan Central Railway Company until the office was abolished. In 1892 he married Emily D., daughter of Dr. Dwight Delavan Stebbins of Detroit, who was a son of Dr. Nehemiah Stebbins of Detroit."[15] (*See* Page 473.)

Dr. Harlow B. Drake (1848-1921) was educated in the Detroit public schools. He graduated from the School of Technology in Boston in 1869. In 1873 he received the degree of Doctor of Medicine from the Hahnemann Medical College and Hospital of Philadelphia. He at once came to Detroit and began the practice of medicine. Eight years later the doctor was obliged to give up his work because of broken health and went West to live on a ranch. After seven years of outdoor life, fully recovered in health, he settled in Portland, Oregon. He remained there till 1901 when he returned to Detroit.

He was a member of the Wayne County Medical Society, the Michigan State Medical Society, the American Medical Association, the Detroit Practitioners Club, the Homeopathic Medical Society and the American Institute of Homeopathy. He was also a member of the Grace Hospital Staff, the Sons of the American Revolution and the Union Lodge of Masons.

Devotion to his profession and untiring care of his patients are the outstanding characteristics in the long and successful career of Dr. Harlow B. Drake.[14]

Dr. Harold Wilson, addressing the Wayne County Medical Society as retiring president, 1921, said:

"It is one of our somewhat curious customs that your late presiding officer, although officially dead and buried for some months, should be permitted at this time to suffer a transitory resurrection. A resurrection so brief, however, that with the certainty of an immediate re-interment, he is moved to utter the cry of the Roman gladiator, 'We who are about to die salute thee,' and lest there be many among you who would at once turn down your thumbs, he hastens to say that his salutation will not be overlong."[14]

"Post-Influenzal Psychosis" thought to be of "hysterical nature" and treated by "suggestive therapeutics with favorable results" was reported by Dr. W. M. Donald, of Detroit, in 1919.[14]

"Andrew W. Imrie, M.D.C.M., formerly of Detroit, born in 1856, received the degree of M.D.C.M. from McGill, Montreal, in 1879. He served two years as house surgeon in the Montreal General Hospital. After a year or more of study in London, Edinburgh and Paris he began practice in Detroit in 1882. He was sometime consulting physician to the Wayne County (Michigan) Home for the Poor and the Detroit Board of Health. He was a member of various state and national medical organizations and in 1897 a delegate from the Michigan State Medical Society to the Twelfth International Medical Congress in Moscow."[15]

He left Detroit several years ago.

"Word was received in Detroit March 5 (1930) of the death of Dr. John Vernon White at the age of seventy years. Dr. White had practiced for twenty-one years in Detroit as nose and throat specialist, having left Detroit for Coronado, California, about ten years ago. Dr. White had been in failing health for several years."[14]

"William R. Chittick, M.D., son of William and Mary (Morrisie) Chittick, was born at Oshawa (Ontario) Canada, January 14, 1858. The following year his parents removed to Detroit, Michigan, where he attended public and private schools. During the winter of 1880-1881 he was a student in the Detroit Medical College and in the following winter in the Michigan College of Medicine. In June, 1882, he was graduated M.D. from the Long Island College Hospital and a year later formed a partnership with Dr. George P. Andrews, which partnership existed seven years. In 1889 he took special medical courses in Vienna and has practiced continuously since his return. He has been attending physician to St. Mary's and Harper Hospitals.

"He was a member of the American Medical Association, Michigan State Medical Society, Detroit Medical and Library Association, Detroit Gynecological Society, and Detroit Academy of Medicine, of which he was president in 1895 and 1896."[15]

He now lives in California.

"Dr. Robert Hislop born in 1855 in Canada, educated in the Ottawa and Toronto Normal Schools and at St. Catharine's Collegiate Institute, graduated an M.B. from Trinity University, Toronto, in 1883. Later he became member of the Ontario College of Physicians and Surgeons by examination, and in 1885 received the degree of M.D.C.M. from Trinity University. In 1898 he was one of the directors of the Wayne County Medical Society."[15]

"Dr. Eugene V. Riker, son of Dr. A. W. and Mary (Windiate) Riker, born at White Lake, Oakland County, Michigan, July 21, 1861, graduate from the union or high school in 1879, was graduated from the literary department of the University of Michigan in 1884 and at once entered the medical department of the University, becoming assistant to Dr. V. C. Vaughan, professor of physiological chemistry. He was graduated M.D. in 1887. During the ensuing six years he was located as a general practitioner at Parma, Jackson County, Michigan. During the summers of 1891 and 1892 Dr. Riker took postgraduate courses in New York City. The winter of 1892-1893 he spent in study in Vienna, Munich, Paris and London, and upon returning to the United States located with his brother, then a practicing physician and specialist on the eye, ear, nose and throat, at Pontiac, Michigan. In the spring of 1894 they established a branch office at Detroit, of which Dr. Riker has since assumed complete charge."[15]

"Among the later additions to the medical faculty of the state from German sources was Dr. Karl A. Kanzler, who came to the state in 1884, settling first in Saginaw and later in Detroit. Dr. Kanzler was a Bavarian, a native of Munich, who took his first training in medicine at the university of his native city, where he received his degree and where he was for a time a demonstrator of anatomy. He supplemented his studies at Munich by further work at the Universities of Berlin and Strassburg."[5]

Dr. Kanzler died in Detroit in 1920.

"Dr. Daniel Geib, a retired physician of Detroit, where he had been in practice from 1915 to 1926, was elected to honorary membership in the Wayne County Medical Society in January, 1927, a month previous to his death. A native of Ontario (1855), a graduate from its medical department, University of Michigan, he practiced in Wisconsin and South Dakota previous to coming to Detroit; was formerly councilor of the Aberdeen district of the South Dakota State Medical Society."[14]

"Dr. E. L. Emmons of Detroit, born in Michigan in 1869, a graduate from the Detroit College of Medicine 1893, prominent in Masonic circles and a much respected member of the Wayne County Medical Society, died February 24, 1928, from cerebral hemorrhage."[14]

"Dr. Alex W. Blain of Detroit received the degree of Master of Science from the Detroit College of Medicine and Surgery, at its graduation exercises, Thursday, June 19, 1930."

The Medical Profession and Societies of St. Clair County†

Members of the medical profession in St. Clair County have been identified with the following medical organizations:

1. Medical Society of the State of Michigan; later the State Medical Society (1819-1860).
2. Medical Society of St. Clair County (1847-1860).

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†Written by Dr. Charles B. Stockwell, formerly of Port Huron, Michigan.

3. Northeastern District Medical and Scientific Association; name changed in 1865 to Northeastern District Medical Society (1854-1903).
4. Medical Society of St. Clair and Sanilac Counties; name changed in 1871 to St. Clair, Sanilac and Lapeer Medical Society (1866-1886).
5. Michigan State Medical Society (1866-1912).
6. Port Huron Academy of Medicine (1886-1902).
7. St. Clair County Medical Society (1902-1912).

The "act to incorporate medical societies for the purpose of regulating the practice of physic and surgery in the territory of Michigan" provided for both territorial and county societies.

The following sample certificate was found in the old records kept by the clerks of St. Clair County:

> St. Clair, St. Clair County, State of Michigan, November 30, 1847. This may certify that William Denton began to study medicine, surgery and pharmacy, likewise John Dawson Chamberlain, with me in the month of July, 1846, and Reuben Henry Ison, September, 1847.
> Witness my hand,
> J. B. Chamberlain, *Physician and Surgeon.*

Physicians in any county, not less than four in number, who had been licensed by the Territorial, afterward the State Medical Society, were granted the right to form a local society which, within the county, had nearly all the rights held by the state organization. The law provided that each society should have four officers—a president, vice president, secretary, and treasurer, and only required enough members present at the organizing meeting to fill those offices.

The only members of the first State Medical Society living in St. Clair County, of which we have any record, were C. M. Stockwell and George B. Willson of Port Huron.

MEDICAL SOCIETY OF ST. CLAIR COUNTY

The announcement of the formation of this medical society is found among the records in the office of the St. Clair County clerk, under the date, December 3, 1847, and is as follows.

> "The undersigned physicians and surgeons met at St. Clair, St. Clair county, state of Michigan, for the purpose of forming a medical society in pursuance of the revised statutes of the State of Michigan to regulate the practice of physic and surgery in said state, at which meeting John B. Chamberlain was appointed president, Harmon Chamberlain, vice president, R. R. McMeens, secretary, and Leonard B. Parker, treasurer.
>
> Signed
> John B. Chamberlain,
> H. Chamberlain,
> R. R. McMeens,
> L. B. Parker.
>
> "The meeting was adjourned to the last Saturday in January, 1848.
> "December 3, 1847.
> R. R. McMeens, *Secretary.*"

No record has been found of any other meeting of the society until 1851. On May 21 of that year, a meeting of the medical society was held at the offices of Dr. Dyer, at which the following fee bill for professional services. by which the members agreed to be governed, was adopted: Verbal advice,

$1.00 to $3.00; letter of advice, $5.00; day visit in village, $1.00, night visit in village, $1.50; visit at a distance, $1.00 for the first mile and fifty cents for each mile thereafter; minor surgical operations, $5.00 to $25.00; capital surgical operations, $25.00 to $100.00; midwifery, $5.00 to $25.00; consultation, $5.00; medicine furnished, extra. The signers were Laban Tucker, John T. Travers, C. M. Zeh and A. E. Noble, Port Huron; Benjamin Dickey, St. Clair; L. B. Parker, Newport (Marine City); John Galbraith, Lexington (now in Sanilac County); Walter B. Kellogg, Winthrop Dyer and Charles Gibson (location unknown).

There is a record of a meeting held by this society in Port Huron at the office of Dr. C. M. Stockwell on February 5, 1856. Dr. J. T. Travers occupied the president's chair and Laban Tucker was secretary. Drs. David Ward of St. Clair, and Reuben Crowell and Jared Kibbee of Port Huron were admitted to membership. These three entered little into the practice of medicine. Dr. Ward was graduated from the medical department of the University of Michigan in 1851, but began to devote most of his time to surveying and land buying and was elected county surveyer in 1852 and 1856. An old lady acquaintance of his says: "He surveyed and bought up tit-bits of land which laid the foundation of his becoming a twenty millionaire." Dr. Crowell early turned to "drugs" and Dr. Kibbee abandoned the practice of medicine, in which he had been engaged while living in Mt. Clemens, for dentistry, when he settled in Port Huron. (In later years Dr. Ward had a home at Orchard Lake, Oakland County. C. B. B.)

On February 12, 1856, the society met in Port Huron at the office of Dr. J. Kibbee. At this meeting the committee appointed to mature a plan for prescribing for the poor villages, reported in favor of giving them gratuitous attendance. No list of members of this society can be found.

NORTHEASTERN DISTRICT MEDICAL SOCIETY

This society was organized at Romeo, Macomb county, on June 14, 1854. It embraced a membership from Macomb, Oakland, Lapeer, St. Clair and Sanilac Counties. In 1896 Genesee County was included.

The following is a list of the St. Clair County physicians who served as presidents of the society, and the years in which they were elected: C. M. Stockwell, Port Huron, 1857 and 1893; D. H. Cole, Memphis, 1875; C. B. Stockwell, Port Huron, 1886, 1890 and 1895; M. Willson, Port Huron, 1891; O. Stewart, Port Huron, 1896; Elizabeth M. Farrand, Port Huron, 1897; A. E. Thompson, St. Clair, 1900 and 1903; G. S. Ney, Port Huron, 1902.

The following is an alphabetical list of the St. Clair County physicians who at one time or another were members of the Northeastern District Medical Society: A. J. Abbott, Emmett; R. B. Baird, Marine City; C. C. Clancy, Port Huron; J. L. Chester, Emmett; A. L. Callary, A. H. Coté and Sarah E. Connor, Port Huron; D. H. Cole, Memphis; W. P. Derck, Marysville; G. W. Harris, Port Huron; G. E. Henson, St. Clair; T. F. Heavenrich, and

W. S. Henderson, Port Huron; J. W. Inches, St. Clair; A. D. McLaren, H. R. Mills, M. Northup, G. H. Norris and G. S. Ney, Port Huron; D. Patterson, Capac; J. S. Platt, C. M. Stockwell, C. B. Stockwell, G. A. Stockwell, S. K. Smith, O. Stewart, H. Shoebotham, S. W. Smith, C. E. Spencer, E. P. Tibbals, G. H. Treadgold, Port Huron; A. Thompson, Adair; A. E. Thompson, St. Clair; W. G. Wright, Yale.

ST. CLAIR, SANILAC AND LAPEER MEDICAL SOCIETY (1866-1886)

On August 4, 1866, at Port Huron, the Medical Society of St. Clair and Sanilac Counties was organized. In 1871, Lapeer County was included.

The list of officers who resided in St. Clair County, and the years of their election, are as follows:

Presidents—1866, J. T. Travers, Port Huron; 1870 and 1871, C. M. Stockwell, Port Huron; 1874, J. G. Maxfield, Ruby; 1877 and 1878, H. R. Mills, Port Huron.

Secretaries—1871, H. R. Mills, Port Huron; 1872 and 1873, J. G. Maxfield, Ruby; 1874, 1877 and 1878, C. E. Spencer, Fort Gratiot; 1879 and 1880, C. B. Stockwell, Port Huron.

Treasurers—1871 to 1880, E. P. Tibbals, Port Huron; 1882 to 1884, C. E. Spencer, Port Huron.

Members† residing in St. Clair County were as follows: C. H. Alden, C. Carvallo, M. K. Taylor, United States surgeons stationed at Fort Gratiot; T. Baird and R. B. Baird, Marine City; G. L. Cornell, St. Clair; T. Hammond and F. Heil, Port Huron; A. Howell, Brockway; J. Kibbee, Port Huron; A. Mitchell, Yale; J. G. Maxfield, Ruby; T. S. Murdock, Port Huron; J. R. McGurk, Capac; C. M. Stockwell, C. B. Stockwell, G. A. Stockwell, and H. Shoebotham, Port Huron; C. E. Spencer, Fort Gratiot; A. J. Shockley, Ruby; S. W. Smith, J. T. Travers and E. P. Tibbals, Port Huron; G. Todd, Jeddo; C. M. Woodward, Port Huron.

PORT HURON ACADEMY OF MEDICINE (1886-1902)

The organization of this society followed close upon the meeting of the Michigan State Medical Society, which was held in Port Huron in 1886, and memory must be relied upon to furnish data regarding the Academy of Medicine, as the records of its proceedings seem to have been lost.

The following physicians held the office of president: 1886, C. M. Stockwell; 1887, M. Northrup; 1888-1889, H. R. Mills; 1890-1891, M. Willson; 1892-1894, J. S. Platt; 1895-1897, O. Stewart; 1898-1899, S. K. Smith; 1900-1902, C. C. Clancy.

Between 1886 and 1902 the office of secretary and treasurer was held by H. R. Mills, Elizabeth M. Farrand, O. Stewart, and A. H. Coté.

The members were J. P. Aiken, A. C. Callary, D. W. Campbell, A. H. Coté, C. C. Clancy, Sarah E. Connor, W. J. Duff, Elizabeth M. Farrand,

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†It seems expedient to omit from Dr. Stockwell's list above three names of members "dropped for unprofessional conduct" rather than include them with foot-note reference. (C. B. B.)

J. A. Fraser, W. A. Giffin, S. S. Hanson, G. W. Harris, G. T. Howard, S. A. Howard, W. S. Henderson, E. E. Lewis, C. N. Laurie, F. Lohrstorfer, A. A. McKinnon, A. D. McLaren, C. W. Morey, H. R. Mills, R. E. Moss, G. S. Ney, G. H. Norris, M. Northup, A. Pollock, J. S. Platt, S. K. Smith, S. W. Smith, O. Stewart, C. M. Stockwell, C. B. Stockwell, C. E. Spencer, G. H. Treadgold and M. Willson.

ST. CLAIR COUNTY MEDICAL SOCIETY (1902-1912)

In 1902 the St. Clair County Medical Society was formed at Port Huron in order that it might become a component part of the Michigan State Medical Society. Membership in this society carried with it membership in the State Society.

Up to the present time (January, 1912) the following physicians have been elected to office:

Presidents—1903, C. C. Clancy; 1904-1905, W. P. Derck; 1906, J. S. Platt; 1907, T. E. DeGurse; 1908, G. S. Ney; 1909, A. D. McLaren; 1910, S. K. Smith; 1911, T. F. Heavenrich; 1912, A. E. Thompson.

Secretary-treasurers—1903-1905, A. H. Coté; 1906-1907, A. J. McKenzie; 1908, A. J. Callary; 1909-1912, R. K. Wheeler.

The membership list from 1902 to the present time (1912) includes the following names: J. P. Aiken, B. E. Brush, A. L. Callary, C. C. Clancy, A. H. Coté, Sarah E. Connor, R. J. Dunn, W. J. Duff, F. Edmeister, J. A. Fraser, R. C. Fraser, Isabella Holdom, W. S. Henderson, G. W. Harris, T. F. Heavenrich, S. S. Hanson, A. J. Irwin, F. Lohrstorfer, E. E. Lewis, H. R. Mills, C. W. Morey, W. H. Morris, R. E. Moss, A. D. McLaren, A. J. MacKenzie, A. A. McKinnon, G. S. Ney, J. S. Platt, O. H. Patrick, S. K. Smith, T. Sleneau, O. Stewart, C. E. Spencer, C. B. Stockwell, G. H. Treadgold, M. E. Vroman, J. E. Wellman, R. K. Wheeler, and Wm. Willson, all of Port Huron; C. W. Ash, W. E. Burtless, G. E. Henson, J. W. Inches, W. L. Scholes, A. E. Thompson, and W. H. Smith, St. Clair; R. B. Baird, F. Blagborne, T. E. DeGurse, and F. W. Lang, Marine City; B. Clyne, A. Pollock, C. M. Turrell, W. G. Wight, Yale; L. M. Ardill, Avoca; G. C. Brock, Smith Creek; W. G. Bostwick, Algonac; J. L. Chester, Emmett; W. P. Derck, Marysville; C. McCue, Goodall; D. Patterson, G. A. Ross, Capac; A. Thompson, Adair; R. J. Turner, Anchorville; G. Waters, Memphis; N. D. Campbell, Blaine.

* * * * *

And now—

"The regular meeting of the St. Clair County Medical Society was held September 20, 1928, at the Black River Country Club, near Port Huron, Michigan.

"The following members assembled at 6:30 P. M. and enjoyed a splendid dinner: Drs. Smith, Burley, Windham, McColl, Grice, Waters, H. O. Brush and Porter, the latter being a visitor who recently moved from Owosso to Port Huron and is now engaged in practice here. After dinner the following members were present also: Drs. Treadgold, Caster and Kesl.

"The meeting was called to order shortly after eight o'clock by President Smith. Six communications were read and placed on file. Two motions were adopted: one instructing our delegate and alternate to the state meeting to support the plan of the Legislative Committee to curb the chiropractors and other cults and one giving similar instruction to our delegate and alternate to support Jackson for the next state meeting. The secretary was instructed to send word in some manner to all the members informing them of the invitation of the Kiwanis Club of Port Huron to join with them to hear Dr. Christian at their next meeting, Tuesday, September 25, 1928. A round table discussion of the nursing situation in Port Huron followed in which all members present took part. This discussion covered not only the trained but also the practical nurse. Dr. B. E. Brush read a list of laboratory procedures now being done by the new hospital technician, Miss Burke, and also informed the society that Miss Burke would, in emergencies, leave the hospital to make outside counts, etc., the charge in this case accruing to the hospital. The president asked the members present whether a children's eye, ear, nose and throat symposium would be acceptable to them for the next meeting and after discussion it was decided affirmatively. It was decided to hold the next meeting at the Black River Country club, October 4, 1928. A discussion also took place relative to the advisability of changing the meeting night from Thursday to some other day. Several stated a desire to make such a change. Meeting adjourned at 9:05 P. M.

"A regular meeting of this society was held Thursday, October 4, 1928, at the Black River Country club near Port Huron, Michigan.

"Supper was served at 6:30 P. M., after which a social hour was spent by the members in attendance and their guests.

"Dr. Angus McLean addressed the society upon 'Malignancy.' His talk was very interesting and it is regretted the secretary cannot give the whole verbatim. However, the speaker emphasized the following points: that early diagnosis is very essential, followed by early surgery, that when the need for radical surgery is apparent then the surgical treatment because of metastasis will not be successful, and that deep X-ray therapy is of no avail. The speaker also stressed the point that colloids of gold and lead seemed to possess certain advantages in cases where surgery could not be used. The paper was discussed by many of the members present and the society gave Dr. McLean a rising vote of thanks for his visit and address.

"The following members and guests were present: President Smith, Heavenrich, Carney, Waltz, MacKenzie, Bowden, Callary, Vroman, Attridge, Thomas, Lane, Ryerson, Caster, Waters, Clancy, Meredith, Battley, McColl, Patterson, H. O. Brush, Windham and Kesl. Guests, Doctors McLean, Warren, Porter.

"The secretary read an invitation from the physicians' club of Highland Park inviting the society to attend the third annual clinic of that organization to be held November 1. Four members signified willingness to attend this meeting and it was therefore decided to hold the regular meeting as usual on November 1, rather than attend the clinic.

"Dr. J. C. S. Battley was elected to membership in the society.

"The president asked Dr. George Waters to address the society on pulmonary tuberculosis and the latter requested the secretary to write Dr. VanderSlice for a series of twenty-two charts, X-ray photographs and other cuts and tables which portray childhood tuberculosis to use at this meeting which is to be held November 1, 1928.

"The president announced the meeting of October 18, 1928, to be held at the St. Clair Inn, St. Clair, Michigan, and stated that a symposium on the eye, ear, nose and throat conditions in childhood and infancy would be given at that time by Drs. Battley, Porter and Vroman with Drs. Treadgold and Shaefer as discussers.

"Meeting adjourned at 10 P. M.

GEORGE KESL, *Secretary-Treasurer*."[14]

The work of this society has been enthusiastic and diversified as the thorough-going reports of its secretary, Dr. George Kesl, published in late numbers of the *Journal of the Michigan State Medical Society* give ample evidence.

In the hands of the History Committee there is partial record of its members who served in the World War, among which the names of Drs. Kesl, Treadgold, Waters, MacKenzie, Ryerson, and Bowden, above mentioned, appear.

Dr. Joseph S. Platt, born in Illinois in 1857, a graduate in medicine from the University of the City of New York in 1880, has been in successful practice in Iowa, 1880 to 1883, and in Port Huron since 1884.

Dr. James A. Attridge, surgeon and gynecologist, was born at Highgate, Ontario, September 10, 1870. He came to the United States in 1891, was naturalized in 1895. He was educated in Highgate, Ontario, schools, and through private tutoring; was graduated in 1897 from the Detroit College of Medicine, and is post graduate, University of Michigan (1910). He was interne at St. Mary's Hospital, Detroit, Michigan, 1897-1898; taught physical diagnosis, Detroit College of Medicine, three years; was connected with clinics in nose and throat and chest department during the same period; was instructor of anatomy, Detroit College of Medicine, five years; with clinic, Harper Hospital, Detroit, Michigan. Dr. Attridge came to Port Huron in 1910. He taught anatomy and surgery in the training school for nurses, Port Huron Hospital; has served as president of the St. Clair County Society. He was a member of the Board of Review during the World War; is the author of numerous articles on surgery and gynecology.

A Fee Bill of '69

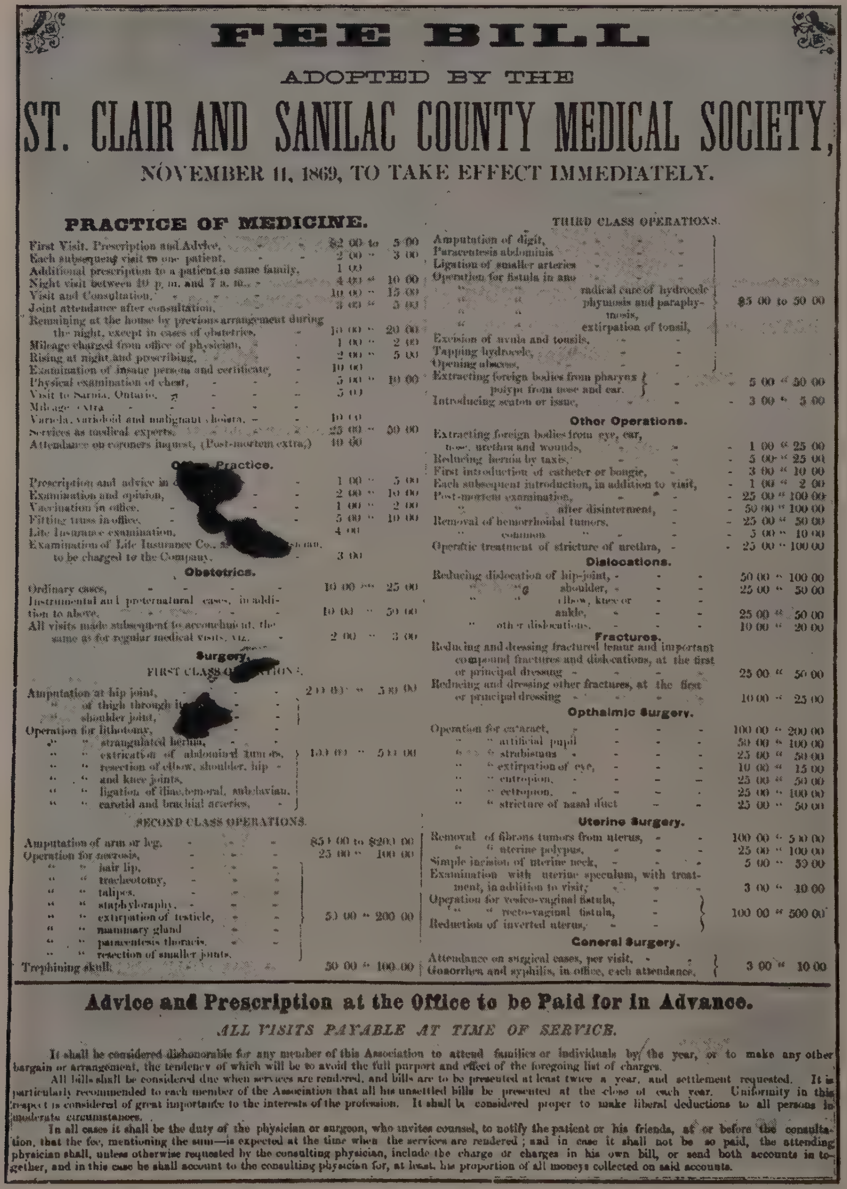
Dr. Harley A. Haynes, director of the University Hospital, Ann Arbor, formerly superintendent of the Michigan Home and Training School, Lapeer, has contributed notably to the Michigan Medical History by sending to the committee a valuable document. Its measurements are about 8 by 10 inches and photographic reduction will necessarily be at the expense of legibility. As a souvenir of the olden time, however, its reproduction *in parvo*—as its learned author might have said—(*See* Volume I, Page 755, and elsewhere) is demanded. In any event the comments of Dr. Haynes in the following letter reveal its values and point a warning.

> Ann Arbor, Michigan,
> June 30, 1930.
>
> My dear Dr. Burr:
>
> Dr. Sawyer of Hillsdale called me Saturday morning relative to the fee bill adopted by the St. Clair and Sanilac County Medical Society November 11, 1869.
>
> Dr. Caulkins of Thornville, Michigan, for many years practiced medicine in Michigan. He passed away about eight years ago at the age of 94 or 95. The original copy of the fee bill, together with a number of old medical journals and manuscripts on various medical subjects, was given to Dr. W. J. Kay of Lapeer. Shortly after the death of Dr. Kay, Mrs. Kay gave me practically all of the records that were given him by the friends of Dr. Caulkins.
>
> The fees of 1869 differ very little from the vintage of 1930, and when you take into consideration the cost of medical education as compared with 1869, I am in doubt whether the physician of today is any better off financially than at the time the fee bill was adopted.
>
> Sincerely yours,
> H. A. Haynes.

Allegan County Medical Society

Dr. L. Foster was appointed chairman and Dr. E. N. Upjohn, secretary, of a meeting held at Otsego, Allegan County, February 18, 1850, for the purpose of forming a county medical society. Dr. L. B. Coats was elected president; Dr. Upjohn, vice president; Dr. Foster, treasurer. Others present were Drs. G. W. Hubbard and A. R. Calkins. At the March meeting a "fee bill was arranged."

Other Allegan County physicians paid little attention to this organization and on February 14, 1867, another society was formed—meetings to be held annually. In 1880 the membership of this was thirteen and the officers



FEE BILL

ADOPTED BY THE

ST. CLAIR AND SANILAC COUNTY MEDICAL SOCIETY,

NOVEMBER 11, 1869, TO TAKE EFFECT IMMEDIATELY.

PRACTICE OF MEDICINE.

First Visit. Prescription and Advice,	$2 00 to 5 00
Each subsequent visit to one patient,	2 00 " 3 00
Additional prescription to a patient in same family,	1 00
Night visit between 10 p. m. and 7 a. m.,	4 00 " 10 00
Visit and Consultation,	10 00 " 15 00
Joint attendance after consultation,	3 00 " 5 00
Remaining at the house by previous arrangement during the night, except in cases of obstetrics,	10 00 " 20 00
Mileage charged from office of physician,	1 00 " 2 00
Rising at night and prescribing,	2 00 " 5 00
Examination of insane person and certificate,	10 00
Physical examination of chest,	5 00 " 10 00
Visit to Sarnia, Ontario,	5 00
Mileage extra	
Variola, varioloid and malignant cholera,	10 00
Services as medical experts,	25 00 " 50 00
Attendance on coroners inquest, (Post-mortem extra,)	10 00

O[illegible] Practice.

Prescription and advice in [illegible]	1 00 " 5 00
Examination and opinion,	2 00 " 10 00
Vaccination in office,	1 00 " 2 00
Fitting truss in office,	5 00 " 10 00
Life Insurance examination,	4 00
Examination of Life Insurance Co., [illegible]an, to be charged to the Company,	3 00

Obstetrics.

Ordinary cases,	10 00 " 25 00
Instrumental and preternatural cases, in addition to above,	10 00 " 50 00
All visits made subsequent to accouchement, the same as for regular medical visits, viz.	2 00 " 3 00

Surgery.

FIRST CLASS [illegible]TIONS.

Amputation at hip joint,	200 00 " 500 00
" of thigh through i[illegible]	
" shoulder joint,	
Operation for lithotomy,	
" " strangulated hernia,	100 00 " 500 00
" " extrication of abdominal tumors,	
" " resection of elbow, shoulder, hip and knee joints,	
" " ligation of iliac, femoral, subclavian, carotid and brachial arteries,	

SECOND CLASS OPERATIONS.

Amputation of arm or leg,	$50 00 to $200 00
Operation for necrosis,	25 00 " 100 00
" " hair lip,	50 00 " 200 00
" " tracheotomy,	
" " talipes,	
" " staphyloraphy,	
" " extirpation of testicle,	
" " mammary gland	
" " paracentesis thoracis,	
" " resection of smaller joints,	
Trephining skull,	50 00 " 100.00

THIRD CLASS OPERATIONS.

Amputation of digit,	$5 00 to 50 00
Paracentesis abdominis	
Ligation of smaller arteries	
Operation for fistula in ano	
" " radical cure of hydrocele	
" " phymosis and paraphymosis,	
" " extirpation of tonsil,	
Excision of uvula and tonsils,	
Tapping hydrocele,	
Opening abscess,	
Extracting foreign bodies from pharynx, polypi from nose and ear,	5 00 " 50 00
Introducing seton or issue,	3 00 " 5 00

Other Operations.

Extracting foreign bodies from eye, ear, nose, urethra and wounds,	1 00 " 25 00
Reducing hernia by taxis,	5 00 " 25 00
First introduction of catheter or bougie,	3 00 " 10 00
Each subsequent introduction, in addition to visit,	1 00 " 2 00
Post-mortem examination,	25 00 " 100 00
" " after disinterment,	50 00 " 100 00
Removal of hemorrhoidal tumors,	25 00 " 50 00
" common "	5 00 " 10 00
Operatic treatment of stricture of urethra,	25 00 " 100 00

Dislocations.

Reducing dislocation of hip-joint,	50 00 " 100 00
" " shoulder,	25 00 " 50 00
" " elbow, knee or ankle,	25 00 " 50 00
" other dislocations,	10 00 " 20 00

Fractures.

Reducing and dressing fractured femur and important compound fractures and dislocations, at the first or principal dressing	25 00 " 50 00
Reducing and dressing other fractures, at the first or principal dressing	10 00 " 25 00

Opthalmic Surgery.

Operation for cataract,	100 00 " 200 00
" " artificial pupil	50 00 " 100 00
" " strabismus	25 00 " 50 00
" " extirpation of eye,	10 00 " 15 00
" " entropion,	25 00 " 50 00
" " ectropion,	25 00 " 100 00
" " stricture of nasal duct	25 00 " 50 00

Uterine Surgery.

Removal of fibrous tumors from uterus,	100 00 " 500 00
" " uterine polypus,	25 00 " 100 00
Simple incision of uterine neck,	5 00 " 50 00
Examination with uterine speculum, with treatment, in addition to visit,	3 00 " 10 00
Operation for vesico-vaginal fistula,	100 00 " 500 00
" " recto-vaginal fistula,	
Reduction of inverted uterus,	

General Surgery.

Attendance on surgical cases, per visit,	3 00 " 10 00
Gonorrhea and syphilis, in office, each attendance,	

Advice and Prescription at the Office to be Paid for in Advance.

ALL VISITS PAYABLE AT TIME OF SERVICE.

It shall be considered dishonorable for any member of this Association to attend families or individuals by the year, or to make any other bargain or arrangement, the tendency of which will be to avoid the full purport and effect of the foregoing list of charges.

All bills shall be considered due when services are rendered, and bills are to be presented at least twice a year, and settlement requested. It is particularly recommended to each member of the Association that all his unsettled bills be presented at the close of each year. Uniformity in this respect is considered of great importance to the interests of the profession. It shall be considered proper to make liberal deductions to all persons in moderate circumstances.

In all cases it shall be the duty of the physician or surgeon, who invites counsel, to notify the patient or his friends, at or before the consultation, that the fee, mentioning the sum—is expected at the time when the services are rendered; and in case it shall not be so paid, the attending physician shall, unless otherwise requested by the consulting physician, include the charge or charges in his own bill, or send both accounts in together, and in this case he shall account to the consulting physician for, at least, his proportion of all moneys collected on said accounts.

Physicians' Fee Bill of '69—Blots Not Symbolic

J. J. McConkie, president; W. H. Bills, vice president; F. M. Calkins, secretary; Milton Chase, treasurer. Drs. Chase, Thompson and Thomas were made censors.[6]

ALPENA COUNTY MEDICAL SOCIETY

In the fall of 1874 an Alpena County Medical Society was organized largely through the efforts of Dr. William P. Maiden. Dr. Maiden† was elected president, Dr. James McTavish, vice president, and Dr. J. F. McSween, secretary and treasurer. Other members of the society were Augustus Jeyte and George H. Shelton.[12]

Dr. G. H. Shelton of Alpena, born in Canada in 1847, was graduated at Michigan University in 1872. "His ride extends over a large extent of country."[12]

Dr. J. S. McGurn came to Alpena in 1881. He had received the degrees of M.D. and C.M. at Queens University, Kingston.[12]

Dr. F. M. Robbins came to Alpena in 1881 after three years' practice in Grand Rapids.[12]

Dr. James McTavish, born in Scotland, was graduated from Cincinnati Eclectic Medical Institute in 1866 and the same year settled in Alpena. He has shot snipe "in what is now the central portion of the city."[12]

GRATIOT COUNTY MEDICAL SOCIETY

The Gratiot County Medical Society was organized in 1887. The charter members were Stiles Kennedy, W. D. Scott, A. J. Ervey, C. L. Barber, W. M. Weller, J. P. Carpenter, Lydia Higgins, J. H. Hamilton and I. N. Brainerd. Drs. Kennedy of St. Louis and Scott of Ithaca were the "most distinguished among these men," eulogium of whom will not seem invidious because "they have been so long dead." They were cheerful contributors to the success of meetings of the society, some members of which "flunked then just as they do now."

Drs. Bulson, Connor and Dodge assisted at the reorganization of the society, October 23, 1902. There were twenty-five charter members among whom of the original charter members above named only Drs. Brainerd, Kennedy, Ervey, and Weller, were still living. Dr. Butler was the first president. In 1904, Dr. Brainerd (Brainerd Hospital, Alma) filled this office. In February, 1907, informal union with the Isabella and Clare County Societies was effected.

May 22, 1908, a meeting honoring Dr. Stiles Kennedy was held in St. Louis. The subject of Dr. Brainerd's address for the occasion was "The Growth of Fraternalism among Physicians."

In 1909 Dr. Scott was similarly honored. "And then we do not find any record of meeting to honor any more doctors until the farewell to Dr. E. A. Bagley," writes Dr. E. M. Highfield, secretary.[14]

Dr. Shaffer of the membership "was a character and was noted for his peculiarities." Dr. McLachlin of Elwell, "known far and wide as old Doctor Mac," was "famous as a story teller and for his ability to jolly his patients through a severe illness."

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†*See* "Military Service of Michigan Physicians," Chapter XII, this volume.

The farewell to Dr. Bagley occurred September 12, 1919, at the "beautiful home" of Dr. and Mrs. E. T. Lamb. Dr. Bagley was presented with a gold watch engraved, from the Gratiot County Medical Society.

"Friday evening, September 12, Dr. and Mrs. E. T. Lamb opened their beautiful home to the medical profession of Gratiot County for a farewell to Dr. E. A. Bagley. At 7 o'clock supper was served to twenty-four, after which we moved to the billiard room where Dr. E. H. Foust acted as toastmaster. Dr. I. N. Brainerd, who came to Alma a few weeks after Dr. Bagley, was called on first, then Drs. J. N. Day, A. R. Wheeler, F. J. Graham and N. F. McClinton, who had all known Dr. Bagley from 25 to 30 years, related what an upright, honorable, and ethical practitioner he had been. He was always modest and retiring, never capable of stooping to any chicanery to further his own ends. Dr. L. A. Howe of Breckenridge said Dr. Bagley had been his ideal family physician ever since the doctor had treated him when he was a boy of 10.

"On behalf of Dr. Bagley's many professional friends, Dr. W. E. Barstow with appropriate remarks presented the doctor with a handsome gold watch engraved "from the Gratiot County Medical Society."

"Dr. Bagley is closing up his office to retire after forty-five years in practice, thirty-three of that in the same office in Alma."[14]

On February 3, 1921, Dr. Brainerd's friends celebrated the anniversary of his forty years' practice. He also was presented with a gold watch in appreciation of his long service to the society, of which he was secretary from 1887 to 1907. He was "always active, could always discuss a paper, frequently read papers or presented a clinical case. He always opened his hospital for afternoon meetings."[14]

The following tribute to Dr. Brainerd was reported by Dr. J. W. Day, Jr., in the *Journal of the Michigan State Medical Society*, May, 1928:

IN MEMORIAM

"Adopted at the March 30th meeting of the Gratiot-Isabella-Clare County Medical Society:

"Dr. Ira Newton Brainerd was born at Grand Blanc, Michigan, on February 4, 1852, and died at Alma, Michigan, March 14, 1928.

"He received his preliminary education at Fenton Seminary, from which he graduated, June 18, 1875. He also attended the State Normal School at Ypsilanti, from which he graduated June 27, 1876.

"He received his medical degree at Columbus Medical College, March 4, 1881.

"In 1886 Dr. Brainerd came to Alma, soon after which he gave his whole time to the practice of medicine and surgery. Here he remained in continuous practice nearly to the time of his death.

"It would be possible in the course of this obituary to mention many interesting circumstances connected with Dr. Brainerd's earlier days in Alma, but we, as members of the profession which he followed, would, I believe, be more interested in those touching more intimately the medical aspects of his career.

"The beautiful custom of paying reverent tribute to the dead is by no means modern, but as far as we as individuals and as a nation are concerned, took its rise after the Civil War, when upon the graves of the brave and heroic men who fought in the Northern army that our country might be one, and upon the graves of the equally brave and heroic who fought in the Southern army for what they considered their constitutional rights, were strewn flowers white, as a symbol of the purity of their intentions, and flowers red, as a symbol of their martyrdom.

"Since then the custom has been so generally adopted that organizations of all sorts set aside a special time for paying tribute to deceased members.

"Families, too, have adopted the custom and from time to time through the year the dear ones 'loved long since and lost awhile' are remembered in this sacred fashion. Through the passing years, in organized societies and in family life, we have been expressing with flowers and with words of oratory, both our grief and our undying affection for those whose memory we cherish and whose loss we sincerely deplore.

"But while it is fitting that we as a society should eulogize our dead, it is just as fitting, and there is no less obligation, that we should show our appreciation of intrinsic worth while the recipient is still with us and able to judge of our sincerity.

"It is a sad fact that many a man goes through this life and out of this life without having ascertained just where he stands in the estimation of his associates, and in the opinion of the community of which he forms an integral part; goes through this life and out of this life without learning from the testimony of his companions in the toilsome way of life, whether alive he was really worth while, or dying will be regretted.

"It is not difficult to see the wisdom of the custom of this society in holding these so-called pre-memorial ceremonies, and no doubt you all recall when some few years ago such a meeting was held in honor of Dr. Brainerd.

"What was said and done at that meeting showed our appreciation in a more effective way than anything we might say or do at this particular time.

"As a general rule we are very eulogistic of the dead, our praises of the living are comparatively meager, but we know that Dr. Brainerd knew that this society held him in high regard, rejoiced in his moral worth and spiritual value, recognized his skill in his chosen profession and appreciated his many excellent qualities.

"A man is valuable to a community in proportion to his service and ability. He may have great ability and give little service; he may have little ability and give greater service, but when a man has great ability and gives great service, such ability and service is sufficient proof of his great value. It is indeed a rare privilege to serve a community as long and as faithfully as Dr. Brainerd did.

"Coming to Alma in 1886 he was for nearly forty years the leading surgeon of the community and the adjacent territory for miles in every direction. We can all testify to his sterling worth and ability.

"Brainerd Hospital, which stands as a monument to his life's work, he built nearly all with his own hands, starting in a meager way and gradually adding to it as time and means would permit.

"Dr. Brainerd, except for the past three years, always took a very active part in the deliberations of the society, served as its secretary from 1887 to 1902 and was three times elected president for the years 1904, 1905 and 1916, and otherwise contributed materially to its success.

"Dr. Brainerd was a man of unusual energy, a voluminous reader and during his life collected the largest library in the county. He even found time, besides doing most of the instruction in his nursing school, to edit volumes on Physics, Zoology, Chemistry, Biology, Nursing and Hygiene.

"There are four most important periods in a doctor's life, the first of which is when he is born. The second is the time when he receives his medical degree and steps forth to a life that we all know is not strewn with flowers white nor flowers red.

"The third is the time when in sunshine and in storm he treads the weary road of medical practice, and, fourth, and last, when time has dimmed the eye and age has shaken the hand, he lays him down to well deserved rest.

"Courage, earnest service, and self-sacrifice marked his daily life.

"Peace be to him and peaceful be his rest.

"May the earliest buds of flowers white and flowers red spread their fragrance o'er his resting place and there may the summer's latest rose linger longest."

Gratiot-Isabella-Clare County Medical Society

"The September meeting of the G. I. C. was held at the Park House, St. Louis, Thursday, September 6, 1927. Twenty members and guests had supper together at 6:30, after which President Barstow introduced Dr. John L. Chester of Detroit, who read a paper on 'Rheumatic Heart Disease.' The doctor covered the subject very thoroughly, after which several members asked questions, which brought out interesting points in detail. One patient with rheumatic heart disease was shown for a clinic.—E. M. HIGHFIELD, *Secretary*."[14]

It is going so fast now that they call it the G. I. C. Septuagenarians will be reminded of the speedy trotter "J. I. C."

"The April meeting of the Gratiot-Isabella-Clare County Medical Society was held in the Park House, St. Louis, Thursday, April 19, 1928. Twenty-two had supper together, after which President W. E. Barstow called on Dr. F. C. Warnshuis, secretary of the State Society, who presented a three-reel moving picture demonstration of infections of the hand. The first two reels took up the anatomy of the lymphatics, tendons, muscles, bursæ, thenar, and hypothenar spaces, their relation to each other, and showed how infection traveled from one to the other; the last reel took up the treatment in detail.

"These pictures proved to be a very practical way of presenting this subject. After this subject was completed, Dr. Warnshuis then talked for over an hour on the work of the State Society. Altogether it proved a very profitable meeting.—E. M. HIGHFIELD, *Secretary*."[14]

"Dr. W. M. Weller, a prominent physician of Gratiot County, died August 31, 1929, after more than two years of suffering from arteriosclerosis. He was born in Clinton County, Michigan, in 1858, received his early education in the common schools and taught a few years before taking his course in medicine at the University of Michigan, which he completed in 1882. His first location was at Pompei, Michigan, where he practiced for four years. He then took a post-graduate course at Bellevue Hospital, New York, and resumed the practice of medicine at Ithaca, Michigan, in 1887, where he has since lived. Gratiot County received the whole of his forty-four years of professional life. Dr. Weller was one of the organizers of the Gratiot County Medical Society and served as its first secretary and treasurer, and later as its president. He was also a member of the State Medical Society and a Fellow of the American Medical Association. He leaves a wife and two children, Dr. C. N. Weller of Detroit, Michigan, and Mrs. Lewis Reed of Sault Ste. Marie."[14]

KENT COUNTY MEDICAL SOCIETIES

In 1851 the Grand River Valley Medical Association was organized in Grand Rapids. It embraced the counties of Ionia, Montcalm, Ottawa, Kent, and Muskegon. Dr. Charles Shepard of Grand Rapids was the first presiding officer, Dr. Alanson Cornell of Ionia, the second, and, in 1853, Dr. Alonzo Platt of Grand Rapids. Dr. J. H. Hollister, corresponding secretary, communicated to the *Peninsular Journal of Medicine* the plans and aims of the association.

The Grand Rapids Medical and Surgical Society, later the Grand Rapids Medical Society, was organized March 4, 1856. It "had a lively existence until the war broke out," then interest waned, but revived in 1865, and the society had a successful career for twenty years. Prominent among its organizers were Drs. C. L. Henderson, D. W. Bliss, A. H. Chapman and

W. H. DeCamp, and these as well as Drs. G. K. Johnson, John Brady, C. Shepard, Z. E. Bliss, William Wood, G. B. Miller, S. R. Wooster and A. Hazelwood were sometime presidents.[10]

At the annual meeting of the Grand Rapids Medical Society, March 4, 1879, at Dr. Shepard's office, "a pleasing feature of the evening's programme was a paper by Dr. A. Platt on 'Reminiscences of the Medical Profession of this City for the Past Forty Years.'" Officers were elected as follows: Dr. S. R. Wooster, president, Dr. A. Hazelwood, vice president, Dr. Eugene Boise, corresponding secretary, Dr. C. J. Woolway, recording secretary, and Dr. A. Platt, treasurer.[17]

"A number of physicians from Kent and adjoining counties met at Sweets Hotel, Grand Rapids, May 22 [1878], and organized a society to be known as the Western Michigan Medical Society." Dr. Thomas of Allegan was elected president; A. Platt, Kent; J. B. McNett, Ottawa; E. Amsden, Allegan; C. P. Donaldson, Muskegon; A. P. Drake, Barry; T. B. Wood, Mecosta, and J. Mulhern, Montcalm, vice presidents; F. [*sic*] B. Wood, Big Rapids, corresponding secretary; C. J. Woolway, Grand Rapids, recording secretary; C. Shepard, Grand Rapids, treasurer.[17]

The Western Michigan Medical Society held its first quarterly meeting in Grand Rapids, August 21, 1878. Papers were read by Dr. E. Boise on "Cholera Infantum"; by Dr. G. K. Johnson on "Materia Medica"; by Dr. C. Shepard on "Ovarian Cystoma," and by Dr. William Fuller on "Exophthalmic Goiter." Nine new members were admitted.[17]

At the fourth quarterly meeting of the Western Michigan Medical Society held in 1879 at Grand Rapids, Vice President Platt in the chair, papers were read as follows: "Diphtheria," by Dr. Wooster; "Free Surgical Drainage," by Dr. Fuller; "Report of a Case of Convulsions," by Dr. Grove; "Hematuria," by Dr. Brady; "Ovarian Tumor," by Dr. Shepard, and "Corrosive Sublimate Poisoning," by Dr. Boise.[3]

Dr. James Mulhern, born in Belfast, Ireland, in 1846, a graduate of Detroit College of Medicine, 1870, moved to Grand Rapids in 1883, after thirteen years' practice in Greenville. He was twice president of the Union Medical Society of Western Michigan.[10]

The Grand Rapids Academy of Medicine was "young" in 1891 (organized 1884). Among its early presidents were E. Boise (1885); D. C. Holley (1886); O. E. Herrick (1887); R. J. Kirkland (1888); J. B. Griswold (1889); S. C. Graves (1890).[10]

The Kent County Medical Society was organized November 22, 1889. It eventually became a unit in the State-County organization. Its first president was Dr. S. R. Wooster.[10]

"Many and varied" have been the activities† of the Kent County Medical Society," writes the secretary, Dr. J. M. Whalen, in June, 1928.

The Proctology Team of the Michigan State Medical Society, Drs. B. C.

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†For interesting activities see Volume I, Chapter XIV, on subject "Yellow Fever." (C. B. B.)

Lockwood, J. E. King and Louis J. Hirschman of Detroit, entertained the Kent County Medical Society in February of 1921.[14]

Dr. R. H. Spencer in his address as retiring president of the Kent County Medical Society said:

> "In 1903 by unanimous vote of the A. M. A. at New Orleans the old code of 1847 was rescinded by setting it aside and substituting a series of suggestive and advisory aphorisms designed as: Principles of Medical Ethics, among which is the following noble paragraph:
>
> "'The broadest dictates of humanity should be obeyed by physicians, whenever and wherever their services are needed to meet the emergencies of disease or accident.'
>
> "The highly important change secures every man's liberty and removes all clannish restrictions and penalties, and leaves surgeons, specialists and all others absolutely free to consult with Dr. Orthodoxy or Dr. Heterodoxy, or Dr. Homeopathy or Dr. Eclectic, or Dr. Anybodyelse, when either emergency or any other impelling motive inclines him to do so.
>
> "This great change is not only like a ladder let down from Heaven to hundreds of thousands of the afflicted, but it also forever frees the regular profession of America from the old charge of 'bigotry' and starts it on a still greater path of progress.
>
> "When you are importuned to produce abortion, on the plea of hiding from the world the yet-undiscovered guilt and saving the poor girl's character; or preventing her sister's heart from being broken, or her father from committing murder or suicide, or him who has taken criminal advantage of her from being disgraced; or to avert the shame that would fall on the family; or the church scandal about one of the weak brethren; or to limit the number of children for married people who already have as many as they want, or who are just married and do not want the inconvenience of children so soon; or to accommodate ladies who assert that they are too sickly to have children or that their suckling child is too young to be weaned; or that they have been pregnant only a short time; to dry the tear that falls from beauty's cheek, or to avoid other anticipated evils; and that if you do not do it some one else will, we beg you brother, by all the gods at once, not to stop to discuss the subject with a 'h'm' and 'haw' but meet such entreaties and arguments with a refusal prompt, strong and positive and don't even let yourself appear to entertain the proposition. If they are too importunate, inform them that they have entered the wrong door, and express your sentiments in unmistakable, upright, downright, outright American frankness; and then bow them out; but remember that these are terrible secrets, and seal your lips doubly tight. It is always safe to do right and never safe to do wrong."[14]

Dr. Harrison Smith Collisi, president of the Kent County Medical Society, said in his annual address, December 12, 1928:

> "The first authentic medical society, consisting of four members, was secretly organized in Italy in 1560 A. D. A hundred years later the Royal Academy of Medicine was formed in Berlin and the Paris Academie de Chirurgie in 1731. Others followed and in 1800 the Royal College of Surgeons was organized in London. In America, the Boston Medical Society began in 1735, and the New Haven County Medical Society was founded in 1783. Later, other county and regional societies were formed, which ultimately led to the organization of the American Medical Association in 1848, adopting as its purpose 'the advancement of the science of medicine and raising the standard of medical education.' At this time there was not a single licensing or examining board in any state in the Union, a medical college diploma being the only requirement for the right to practice medicine . . .
>
> "Our own Kent County Medical Society, during the past three years, . . . has made a creditable showing. We have sponsored our first health examination week and for three years have conducted a course of school and factory lectures on health subjects. We have practically written the new milk ordinance of Grand Rapids and have studied the free clinic situation and thereby established satisfactory relations with the health agencies. We have laid the foundation for an active campaign against quacks and medical frauds and are interested in a number of other civic enterprises involving public health."[14]

The names of the following physicians in practice in the late nineteenth century period have been abstracted from a history of "Grand Rapids and Kent County—Up to Date."

Dr. Joseph H. Dickey, born in Ontario in 1864, was engaged in mercantile pursuits in early life, then studied medicine and was graduated at Kingston in 1884.

He pursued special study in gynecology and devoted himself afterward to nervous disorders and diseases of women. He located in Grand Rapids in 1895.

Dr. William H. Landis, born in Ohio in 1858, was graduated in medicine at Starling, Columbus, in 1885, in a class of thirty-six members. He practiced in Woodland, Michigan, until 1885, then in Chicago, next in Indiana, where in consequence of fire he lost a drug store and surgical instruments.

He located in Clarksville, Ionia County, in 1891, and after postgraduate study in Chicago, settled in Kent County in 1898. His practice extended into several neighboring townships, also "into Newaygo and Muskegon Counties." He was in 1900 examiner for several high-class insurance companies and "in high favor with the best social circles in Kent City."

Dr. Wallace B. Mathews of Grand Rapids, a graduate from Chicago Homeopathic College in 1891, stood, ten years later, "in the foremost rank of the practitioners of medicine in his school in the state" and was "favored with a large share of patronage in general practice, by persons who as a rule believe in the homeopahtic method of treatment."

Dr. Alfred Morley Switzer, born in Canada in 1870, was graduated at the Detroit Medical College in 1893, studied in hospitals in London, came back to Grand Rapids in 1897. He was in 1900 medical examiner for the New Era Insurance Company. Politically "a Republican in his proclivities," but evidently without party restraints as he "votes intelligently or as his common-sense may dictate."

Dr. Robert J. Hutchinson, born in Canada in 1869, was graduated at Albert College, Belleville, and in medicine from Detroit College (1896). He came to Grand Rapids as house surgeon of Union Benevolent Association Hospital; was later the first incumbent of the position of superintendent of that institution but resigned after two and one-half years to assume the practice of Dr. Schuyler Graves during the latter's absence in army service.

The destruction by fire of his mercantile property in Bethany, Ontario, "was the probable cause of [Dr. Francis J. Lee's] taking up the study of medicine."

Dr. Lee graduated from McGill in 1896 and had postgraduate instruction in Chicago; practiced in Ada, then in Grand Rapids, where he had an office with Dr. Fuller.

Dr. Anson Lee Smith of Grand Rapids, a registered pharmacist as well as physician, was graduated from the Detroit Medical College in 1896.

Dr. James Duncan Campbell, born in Canada in 1865, was graduated at the Detroit College of Medicine in 1896.

He practiced in Pentwater, and after 1897 in Grand Rapids. He is a "graduate of the Scientific and Literary Association of Detroit"—a member of several fraternal societies.

Dr. Theodore Proskauer, born in 1865 in Prussia, was licensed to practice by the "Medical College of Berlin" and has a diploma from Leipsic. He came to Grand Rapids in 1897, is the author of a number of medical papers in his specialty—the eye, ear, nose and throat. He has acquired "enduring fame and a remunerative practice."

Dr. Robert H. DeCoux, born in 1869, a graduate from the Michigan College of Medicine in 1897, as representative of a Guelph publishing house had traveled extensively and received from his employers a "handsome gold watch" in recognition of efficient services. His long sojourn abroad "was the means of broadening his mind," and through it he acquired a practical education "such as colleges and universities do not impart." His personality "inspires confidence," he "studies his cases with great care" and his "future is fraught with much that promises success."

Dr. Jacob Bursma, born in Chicago in 1872, "has secured a fine reputation and attained high rank among the physicians and surgeons of Kent County, Michigan, and more particularly at Sand Lake, his place of residence." He is a graduate in the classical course from the Iowa State University (1897) and in medicine from the College of Physicians and Surgeons, Chicago (1898).

He "carries into the sick chamber the sunshine that revives the invalid as effectually as do drugs themselves."

Dr. William Francis Ertell, born in Ontario in 1872, a graduate from the high school, Berlin, taught school by "special permit" at the age of eighteen. From this and other occupations he saved "sufficient means with which to pay his expenses through the Michigan College of Medicine and Surgery, Detroit."

He was graduated therefrom in 1898, found a "grand opening" in Ada (Kent County) and had in 1900 "a cosy dwelling in the center of the town" and was prosperous.

Dr. Simeon LeRoy of Grand Rapids, a graduate from the Grand Rapids Medical College in 1898, served as surgeon of the Union Benevolent Association Hospital and later engaged in general practice. He may "when not out upon professional business be always found at either one or the other of his two offices" (1900).

Dr. Guy Henry Frace, born in Saranac, Michigan, in 1873, was some time with Dr. H. O. Walker, Detroit, "where he diligently studied for two years, and at the same time attended the Detroit Medical College, graduating from this famous institution in May, 1898." (This being the first time the reviewer recalls encountering the highly just expression "famous" as applied to this medical school, or any other for that matter, he notes and records it with vast pleasure. C. B. B.)

Dr. Frace became resident physician of Butterworth soon after graduation. In 1899 he entered general practice in Grand Rapids which a year later had "succeeded his most sanguine expectations."

He is of "modest demeanor," as becomes a Congregationalist and a Democrat.

Kalamazoo County Medical Societies

The second semi-annual meeting of the Southwestern Medical Association of Michigan, will be held at Kalamazoo, on the second Tuesday of December, 1853, at the Court House.[19]

Prior to 1866 unsuccessful attempts were made in Kalamazoo to form a medical society. That year came into being the Kalamazoo Valley Medical Society embracing in its territory Calhoun, Kalamazoo, Allegan and Van Buren Counties. It shortly discovered "after a careful diagnosis that it had inherited the infirmity of its parents—too much territory—and the diagnosis was triumphantly vindicated by its speedy dissolution."

"February 11, 1868, the 'Kalamazoo Medical Association' was organized by Drs. Pratt, Hitchcock, Southard, Fiske, W. Mottram, Chapin, Johnson and Porter." It met monthly at the *homes* of its members, "whereby sociality is cultivated as well as science." In 1880 Dr. Pratt was president. Dr. Snook, secretary and treasurer.[11]

The Kalamazoo District Medical and Surgical Association was organized February 27, 1878, with H. O. Hitchcock, president; B. Barnum, Schoolcraft, and E. B. Dunning, Paw Paw, vice presidents; J. W. Fiske and H. U. Upjohn of Kalamazoo and Milton Chase of Otsego, censors, and J. M. Snook, secretary and treasurer.[17]

There were twenty members.[3] Its president in 1880 was Dr. E. H. Van Deusen and its secretary, Dr. J. M. Snook.[11]

Prior to its incorporation (in 1883) as the Kalamazoo Academy of Medicine, the society was known as the Kalamazoo Medical and Surgical Association. In its list of presidents published in the *Journal of the Michigan State Medical Society,* in August, 1926, are many names of men influential in the State Medical Society, as H. O. Hitchcock, W. Mottram, H. B. Osborne, J. M. Snook, Foster Pratt, O. A. LaCrone, C. Van Zwaluwenberg, Herman Ostrander, A. H. Rockwell, William Stone, A. W. Crane, C. E. Boys, J. B. Jackson, G. F. Inch, Rush McNair.

In the programs of the county societies in 1918 and 1919 frequent papers having reference to military matters and war vicissitudes appeared. That of the Kalamazoo Academy of Medicine reported in the February, 1919, *Journal of the Michigan State Medical Society* featured "Influenza and Pneumonia with their Complications," by Major Lynn S. Beals, Camp Custer. In that of March, 1919, Kalamazoo Academy of Medicine, "Observation on the Work of the Medical Department of the Army in France. By Lieut. Col. James T. Case, Battle Creek."[14]

The following excerpts are from the report of the secretary, Lester DeWitt, of the Kalamazoo Academy of Medicine.

> "During the year, the Kalamazoo Academy convened regularly twice each month. All meetings were held in the Academy rooms except for our two summer meetings held in

Allegan and South Haven, at which places we were royally entertained by the local profession. It is understood that the Academy has an invitation to hold one of our summer meetings at the resort home on the lake at South Haven of one of Chicago's prominent physicians.

"Our president presided at all sessions except on one occasion when he was confined to the hospital.

"Our Program Committee furnished the Academy with excellent programs and at each meeting we were host to some distinguished out-of-town physician.

"Twenty-three of our members have given their services to their country and were commissioned as follows: Captains, 5; Lieutenants, 15; special work, 2, and applications pending, 1.

"Two of the twenty-three have arrived safely in France, twelve are receiving intensive military training at the various camps and forts and five are awaiting orders.

"The Academy of Medicine has in the past experienced no difficulty in obtaining the best medical talent in the land. If we are to continue being so fortunate, we must have a full attendance at our society meetings."[14]

MACOMB COUNTY MEDICAL SOCIETY

Dr. Henry Taylor gave an address before the Macomb County Medical Society in March, 1854.[19]

"Dr. John A. Lenfesty died at his home in Mt. Clemens December 17, 1929, at the age of 60 years. He had practiced medicine for nearly forty years at Mt. Clemens. Dr. Lenfesty was born at Strathroy, Ontario. He attended the University of Michigan, was graduated in 1893, and began practice in Mt. Clemens in 1894."[14]

NORTHEASTERN DISTRICT MEDICAL SOCIETY

"Organization of the Northeastern District Medical Society of Michigan" was accomplished in 1854. Dr. Philo Fillson of Romeo was elected president, Dr. F. K. Bailey of Almont, vice president, Dr. W. Brownell of Utica, secretary, and Dr. S. L. Andrews of Romeo, treasurer.[19]

This was composed of the counties of Macomb, St. Clair, Lapeer, Oakland, Sanilac. In the nineties Genesee County was added.

At the meeting in Pontiac January 24 and 25, 1866, under the presidency of Dr. A. E. Leete, the plan for publication of the *Detroit Review of Medicine and Pharmacy* was approved. Drs. Samuel P. Duffield and E. W. Jenks of Detroit were elected honorary members. It was directed that the secretary be requested to prepare and publish one hundred copies of the Constitution, By-Laws, Fee Bill and Code of Ethics.

Dr. John S. Caulkins, medical veteran of Thornville, Lapeer County, presided at the twenty-ninth annual meeting of the Northeastern District Medical and Scientific Association held at Rochester, Michigan, January 26, 1882. A fine representation of old time practitioners attended, among them Andrews of Romeo, Knight of Utica, J. E. and J. C. Wilson, Wilcox and Deats of Rochester, McColl of Lapeer, Yates of Washington and H. J. Reynolds of Orion.

The presidential address was on the subject "Rötheln or German Measles" and differential diagnosis of this from scarlet fever and measles was displayed in a tabulation.

In "Some of the Needs of Rational Medicine," Dr. J. S. Caulkins mentions:

> "1—An exhaustive investigation into the physiological dynamic of drugs in the animal economy, especially that of the *genus homo*.
>
> "2—An equally exhaustive investigation into the ultimate nature of disease, without which the first would remain a useless body of information.
>
> "3—The discovery of the variant which is the coefficient of the physiological dynamic of the drug.
>
> "When these three things are found, medicine, having its constants, will be entitled to take rank as one of the natural sciences, and the application of drugs to the cure of disease will be a deduction from known premises . . .
>
> "Nothing less can entitle a drug to the name of a medicine, which term is strictly equivalent, according to this doctrine, to food, for the only definition that can be given of a food is a substance that supplies a need of the animal economy . . .
>
> "It may well be conjectured that such an investigation as is sketched above will weed a pile of worthless trash from the materia medica and rudely break the back of many a hobby horse. . . . The views advocated here dispose of the claims of homeopathy, showing that its fundamental principle is a fallacy. I mean of course the principle that like cures like."[3]

For learned and impressive speculation the palm is just naturally handed to this Michigan Victorian.

Drs. S. P. Duffield and E. W. Jenks advocated a state medical periodical. Cholera was a subject of discussion. There were present, among others, Drs. Walter Brown of Sanilac, C. M. Stockwell of St. Clair, P. A. Knight of Macomb and O. W. Strowbridge of Lapeer.[4]

The Northeastern District Medical Society was throughout its career a busy organization. The papers were excellent and discussions general.

At the meeting January 31, 1878, Dr. Leartus Connor of Detroit was elected an honorary member and took an active part in discussion.[3]

Dr. F. M. Wilcox of Rochester was elected president, Dr. Hugh McColl of Lapeer, vice president, and Dr. Albert Yates of Washington, secretary and treasurer.

In this connection mention may appropriately be made of Dr. McColl. He was an excellent physician, highly influential in the State Medical Society, a world traveller and keen observer.

Dr. Hugh McColl was president of the State Medical Society in 1897. In his address he said, "Twenty-four years ago when I became a member of this Society, but few men were willing to write papers, and the whole list of papers could be read easily before the whole Society in a two days' session." He discovered as he looked around "but a comparatively small number of those who attended that Saginaw meeting twenty-four years ago."[20]

VAN BUREN COUNTY MEDICAL SOCIETY

"At a meeting of a number of the physicians of Van Buren County, convened according to previous notice, April 15, 1856, at the office of Dr. Josiah Andrews, at Paw Paw, it was on motion resolved that a medical society be organized for this county. A preliminary organization was effected, and an adjournment to April 29, when a permanent organization was perfected by the adoption of a constitution and the election of the following officers: Josiah Andrews, Paw Paw, president; H. C. Clapp, Paw Paw, vice president; J. Elliot Sweet, Keeler, secretary; J. Andrews, treasurer. The persons whose names are given below are the constituent members: J. Andrews, J. Elliot Sweet, L. C. Woodman, C. T. Baker, G. B. Davidson, H. C. Clapp.

"Dr. Sweet remained secretary until January, 1878, when he was succeeded by A. S. Haskin. Meetings of the society are held every three months, in January, April, July and November.

"The officers in 1879 were: L. C. Woodman, of Paw Paw, president; T. H. Briggs, vice president; A. S. Haskin, of Lawrence, secretary.

"The following is a list of the members in 1879: Paw Paw, Josiah Andrews, John W. Emory, William B. Hathaway, L. R. Dibble, L. C. Woodman; Hartford, J. Elliot Sweet, M. F. Palmer, William A. Engle, A. E. Palmer; South Haven, J. O. Gunsolly, G. V. Hilton; Decatur, J. T. Keables, C. T. Baker; Lawrence, A. S. Haskin, O. B. Wiggin, E. S. Cleveland; Watervliet, B. B. Tucker; Mattawan, T. H. Briggs, David Brown; Dowagiac, C. W. Morse; Bangor, J. E. Ferguson; Keeler, George Bartholomew; Breedsville, N. J. Cramer; Gobleville, A. E. Bulson; Bloomingdale, H. R. Bulson, W. B. Anderson."[8]

BAY COUNTY MEDICAL SOCIETY

"The Bay County Medical Society," writes Capt. Gansser, "as early as 1865 began, in an informal way, its period of usefulness. But not until 1873 was a permanent organization effected and even this suffered an interval when this promising field lay dormant. The late Dr. Horace Tupper was the first president of the Bay County Medical Society and Dr. Robert W. Erwin, one of the deans of the profession locally, who in 1905 is still enjoying a lucrative practice, and who but two short years ago was the vigorous president of the Board of Health, was its first secretary. Dr. Tupper was one of Bay County's pioneer physicians and one of the most widely known practitioners in Michigan."[7]

The officers of the society in 1905 were: Dr. Russel W. Brown, president; Dr. Archibald W. Herrick, secretary, and Dr. Charles H. Baker, treasurer.[7]

The profession of Bay County has numbered in its membership many distinguished names, among them Dr. Flemming Carrow, for many years professor of ophthalmology and otology in the University; Dr. R. S. Copeland of the Homeopathic Medical School who later moved to the State of New York and became prominent in politics—a member of the United States Senate; Drs. A. F. Hagadorn, J. R. Thomas, Horace Tupper, Columbus V. Tyler and Mrs. Marion F. Maxon, "the lone woman physician thirty years ago"; Dr. Robert W. Erwin, and Dr. Harvey Gilbert, "the energetic health officer"; Dr. George Heumann "whose thrilling experience in a blizzard while crossing Saginaw Bay cost him a leg and nearly his life"; Dr. H. B. Landon, "our esteemed veteran soldier," and Dr. Charles T. Newkirk, "the globe trotter and veteran army surgeon whose medical experience extends over three continents."[7]

"The following programs have been recently provided the Bay County Medical Society:

"February 27, 1928—Dr. Howard Lewis, Professor Physiological Chemistry at University of Michigan: 'Acidosis and Alkalosis.'

"March 12—Dr. Grover Penberthy, Detroit: 'Appendicitis in Children.'

"March 26—Dr. Louis Hirschman, Detroit: 'India.'

"Friday evening, May 18, the society will act as host to the members of the adjoining county societies, viz.: Saginaw, Genesee, Tuscola, Midland and Alpena, with a banquet at the Wenonah Hotel, Bay City, to hear Dr. E. Starr Judd, Mayo Clinic.

"The Bay County Society regrets to announce the death of Dr. Mary Williams, aged 75 years, Sunday, April 2, death being due to apoplexy. Dr. Williams was active in the society and in many civic organizations until her sudden death at Mercy Hospital.—L. Fernald Foster, Secretary."[14]

The Bay County Medical Society sent, in February, 1929, to the Governor of Michigan, resolutions which follow, wrote Dr. A. D. Allen:

> "The members of the Bay County Medical Society wish to be clearly understood in this matter as sponsoring a legislation intended for the correction of a social evil on a scientific basis. Their action is not to be considered as an effort to institute birth control, but purely an attempt to aid in correcting a social evil by a specific means.
>
> "WHEREAS, approximately thirteen thousand people are at the present time confined in state institutions for the feeble-minded, insane and epileptic in the State of Michigan,
>
> "WHEREAS, approximately two thousand patients are awaiting admittance to the above mentioned institutions,
>
> "WHEREAS, the present situation has lacked proportions due to a lack of foresight on the part of those administering state affairs in the previous generations,
>
> "WHEREAS, the problem for future generations will be greatly multiplied unless some action directed at the cause is taken,
>
> "WHEREAS, the burden of this situation is rapidly reaching such proportions as to become a menace to the economic welfare of the state,
>
> "WHEREAS, feeble-mindedness and defective personality are the causative factors in a large proportion of the present indigent population of county and other charity organizations,
>
> "WHEREAS, the Governor of the State of Michigan has given his personal interest to the present conditions existing in the State of Michigan with reference to the care and housing of feeble-minded, insane and epileptic patients,
>
> "WHEREAS, the Bay County Medical Society, composed of practicing physicians practicing their profession in the County of Bay, is deeply interested in the problem presented and desirous of expressing their commendation to his excellency, the Governor of the State of Michigan, for his humane attitude in dealing with this problem,
>
> "WHEREAS, the Bay County Medical Society is interested in bringing about a solution of the grave problem presented because of the alarming increase in the number of feeble-minded, insane and epileptic persons in the State of Michigan,
>
> "WHEREAS, the said Bay County Society is convinced that segregation alone will not bring about a solution of the problem, now, therefore, be it
>
> "RESOLVED, by the Bay County Medical Society, in meeting assembled January 14, 1929, that the committee of said society be instructed to write to his excellency, the Governor of the State of Michigan, an expression of the commendation of the Bay County Medical Society for the humane and sincere attitude of his excellency, the Governor, in seeking to provide adequate housing facilities and accommodations for the feeble-minded, insane and epileptic patients in the State of Michigan; be it further
>
> "RESOLVED, that said committee communicate to the Governor the desire of the Bay County Medical Society to coöperate in every way possible with the Governor in bringing about a solution of the problem; be it further

"RESOLVED, that said committee communicate to the Governor the following recommendations:

"(1) That a committee made up of technically trained persons, part of whom should be chosen from individuals not connected with state institutions at the present time, to make a survey of the present situation with reference to this problem to recommend legislation regarding the following:

"(a) An examination of all children in the schools of the State of Michigan to determine their mental condition.

"(b) Strengthening the laws governing marriage so as to eliminate the propagation of the mental defectives.

"(c) Marriage of mental defectives permissive only on submission to sterilization.

"(d) To provide a more workable sterilization law for mental defectives.

"(e) Revision of law governing persons afflicted with venereal diseases.

"Bay County Medical Society,
(Signed) A. D. Allen, M.D.
P. R. Urmston, M.D.
J. W. Gustin, M.D.
Jas. Donnelly, LL.B."[14]

Saginaw County Medical Society

A Saginaw Valley Medical Association had been "already organized." This was previous to 1866, and is mentioned thus briefly in the *Review of Medicine and Pharmacy* of that year.

It has not been found possible to obtain information concerning this or later organizations. It was apparently not in existence in 1894, although there was at that time a Saginaw Valley Medical Club, organized in 1889, having one hundred members.

Dr. W. J. O'Reilly of Saginaw has kindly responded to a request from the History Committee with the following very valuable reminiscences of Saginaw physicians of the olden time:

"When I came to Saginaw in 1890 the outstanding man in the profession in this locality was Dr. Benjamin B. Ross. Graduating at the University of Buffalo in the early '60's (in the same class with Dr. Eugene Smith, Detroit's well known ophthalmologist), he located in Saginaw following graduation and practiced here until the time of his death. In the '60's lumbering was the main industry here, the river was lined with saw mills, and Dr. Ross did wonderful industrial surgery for that age. He was surgeon to nearly all the mills. He was responsible for the opening of St. Mary's Hospital, the first hospital in the locality and an oasis for men working in lumber woods and saw mills when they became disabled. Dr. Ross was very pugnacious, always looking for a scrap with his brother practitioners. It is said he had his buggies built with hickory wheels so that he could lock his wheels in those of another practitioner and his hickory spokes would bend but the other buggy's wheel would be taken off. 'In 1890 at the state meeting he was expelled from the State Society for consulting with a homeopath.' One of his bitter enemies, Dr. L. W. Bliss, was elected state president at this meeting. Dr. Ross died in 1893.

"Dr. Oliver P. Barber, graduated at Bellevue in 1870, was a brilliant operating surgeon, being local surgeon for the Michigan Central and Pere Marquette Railroads. He was best known as a brilliant, witty, after dinner speaker and toastmaster at banquets. He was always in demand as a speaker at banquets given by lumbermen and all other bodies. His reputation as a speaker reached beyond the State of Michigan.

"Dr. F. Massbacher, who graduated in Würzburg, Germany, in 1860, had a large practice among the German residents of the city. He took care of a number of families at a flat rate of twenty-five dollars a year. He was a dignified, courtly gentleman, who enjoyed the respect of all physicians in this locality.

"Dr. Sidney I. Small, who graduated at College of Physicians and Surgeons, New York, in 1873, was the first councilor of this district under present method of state organization, and devoted his time and his talents to the organization of the district. He had a very large practice, was a popular physician, and was much in demand as chairman of medical meetings where he presided with grace and courtesy.

"Dr. Harvey Williams, who graduated at the University of Michigan in 1871, was for some years previous to that time a druggist in Saginaw. He had a large clientele among the women, and was much in demand as an obstetrician. He and Ross had offices in the same locality, passed each other on the street a number of times a day, but never spoke."

The story of the hickory wheels may be very reasonably regarded as apocryphal, but it might, of course, have happened.

Likewise the disciplinary performance with regard to the consultation with a homeopath would not be out of keeping with the then existing composite medical psychology. The record of it, however, was not encountered in earlier reading by this reviewer.

As to Dr. Sidney I. Small, acquaintance with this admirable man and his charming family will always be a pleasant recollection. (C. B. B.)

It was hoped to obtain from the veteran, Dr. C. H. Sample of Saginaw, some reminiscences of his rich and varied experience, but they have not been forthcoming, doubtless because of modesty and self-effacement, outstanding characteristics of this amiable man. It must therefore suffice to say that he has had a long and busy professional life, that he is highly esteemed by a large and devoted clientele and by his medical brethren.

Barry County Medical Society

A Barry County Medical Society was formed January 23, 1877, with Drs. D. McLeay of Prairieville, president; A. B. Drake, vice president; W. E. Upjohn of Hastings, secretary and treasurer. Others present were Dr. Charles Russell and Miss [*sic*] Dr. J. Wolf of Hastings, Dr. Turner of Orangeville, David B. Kilpatrick of Woodland.

In 1879 and 1880 the officers elected were: Dr. A. B. Drake, president; William H. Young, vice president; William E. Upjohn, secretary and treasurer. Other members in 1880 were Drs. McLeay, A. L. Van Horn, Baltimore; Kilpatrick and J. A. Baughman, Woodland; C. Russell, Wolf, and William Upjohn of Hastings.[6]

On March 5, 1879, the Hahnemann Medical Society of Barry and Eaton Counties was organized at the office of Dr. C. S. Burton of Hastings (president). Other officers were Drs. H. A. Barber of Nashville, first vice president; I. Dever of Hastings, recording secretary; F. L. Snell, Kalamazoo, treasurer; Drs. Burton, C. S. Snell and Dever, censors.

Later meetings were held in 1879 at Vermontville and Nashville, at which essays were read and clinics held. Quite obviously this period was a homeopathic heyday. From the "History of Allegan and Barry Counties" from which the foregoing is derived, it is also learned that "Mrs. Dr. Burton read a paper before the society on 'Influence of Mind upon the Nervous System' and there was discussion of softening of the brain and typhoid fever."

The membership of the society in 1880 in addition to the above five—the status of Mrs. Dr. Burton undetermined—included L. P. Hazen, Olivet; E. F. Grant, Hastings; E. H. Lathrop, Hastings; W. H. Griswold, Nashville; Drs. Linkleiter and Carpenter, of Woodland; Purchess of Vermontville; W. Polhemus and Henry Miller, Hastings—three more than Barry and one more than Allegan County.[6]

St. Joseph Valley Medical Association

In the St. Joseph Valley Medical Association in 1878, 'Dr. Stewart read an interesting paper on "The Therapeutics of Regimen" in which he said that "a careful study of the changes going on in medical education and practice shows that our art is becoming more and more conservative, more and more restorative. We are regarding disease as a mode of *living*, a depressed or undeveloped vitality, not a something *more*, but a something *less* than healthy life.

"'Tis life of which our limbs are scant,
'Tis life more life for which we pant,
More life and fuller that we want."[3]

Livingston County Medical Association

At the Livingston County Medical Association meeting in Howell, June 19, 1878, Dr. C. W. Haze in the chair, Dr. A. C. Miller of Plainfield was expelled for having "fraudulently obtained admission to membership." Charges were preferred by Dr. C. V. Beebe against Dr. W. L. Wells for "violation of the code of ethics," a standing committee on epidemics and endemics appointed at a previous meeting was instructed and a resolution offered by Dr. McHench was adopted "requiring all members of the association invariably to charge interest on accounts unpaid after six months."

Dr. Samuel Dubois read a paper on "Popular Medical Education" and Dr. Hayford one on "Puerperal Convulsions," "strongly favoring the use of chloroform and discouraging blood-letting."

Dr. W. J. McHench of Brighton was elected president, Dr. R. C. Hutton of Howell, secretary, and Dr. Z. H. Marsh of Howell, treasurer.[17]

At a subsequent meeting the charges against Dr. Wells were considered. These were—

First: Assisting in holding a post mortem examination with a homeopath.

Second: Using a secret remedy called "The Brown Cancer Remedy."

Third: Using profane and sarcastic language about the association and its members.

Fourth: Trying to obtain a patient from a medical brother by offering to bet money that he (Wells) could cure the patient.[17]

These grave or *near*-grave (*See* Charge Number 1) allegations obviously called for "investigation and adjudication" which were successfully accomplished by a special committee that found them "not sustained." All was very formal, "documentary affidavits," summing up, etc. The association in committee of the whole then approved the report by ballot, 8 to 1. There were ten members present, one of whom abstained from voting, but why or who doth not appear. "Thus quietly, firmly and in admirable order, was the unhappy affair determined.

Number three of the charges remained for the utilization of the defendant.

Dr. Wells was recommended in 1879 by the Committee on Admissions for membership in the Michigan State Medical Society "notwithstanding the fact that objections were raised to his admission by Dr. Beebe. In view of the protest of Dr. Beebe, the case was referred to the Judicial Council who will report on it next year."[17]

And now (1928)—

"Meeting was held at Chemung Hills Country Club for dinner, after which business at hand was proceeded to be handled.

"Dr. J. D. Bruce, councilor, discussed the possibility and feasibility of a Livingston County Medical Society, bringing out and stressing the point in its favor, namely, the clinical material which will be brought to hand by the opening of the new hospital and the enlarging of the State Sanitorium for Tuberculosis.

"The situation was discussed by Drs. Huntly, Browne, and Cunningham, and it was decided to go ahead with the organization.

"Dr. Bruce appointed Dr. Huntly temporary chairman for the election of officers. Dr. Davis was appointed temporary secretary.

"On motion of Dr. Browne and second of Dr. Cunningham the temporary officers were elected for the coming year, permanent office.

"On motion of Dr. Browne and second of Dr. Cunningham, Dr. Hendron was elected to office of vice president.

"No committees were appointed at this session, it being understood that the officers were to act as a body for all committees until further appointments were made.

"The next meeting is to be held in August after the completion of the hospital.

"Roll call as follows: Browne, Cunningham, Davis, Huntly, Huntington, Hendron, H. Sigler.

"Dr. Huntington was appointed delegate to the state convention and Dr. H. Sigler alternate.—L. A. Davis, M.D."

"The first regular meeting of the Livingston County Medical Society was held in McPherson Hospital at Howell, October 30.

"Dr. W. J. Cassidy of Detroit was present and gave an interesting clinic; in the afternoon operating in two thyroid cases under local anesthetic for the benefit of the members.

"The doctors were guests of the hospital at a very pleasing dinner after which Dr. Cassidy gave an illustrated lecture on 'Surgical Thyroids.' Discussion by Dr. Claude Sigler and Dr. Hollis Sigler.

"The character of the clinic and the attendance were very good, indicating a very successful life for the society in this county.

"The next monthly meeting will be held at the State Sanatorium for Tuberculosis where the doctors will be the guests of Dr. Huntly and attend a clinic conducted by Dr. John Alexander of Ann Arbor.—L. A. Davis, Secretary."

The two clippings above are from the *Journal of the Michigan State Medical Society,* 1928.

As a matter of fact a Livingston County Medical Society was organized in affiliation with the State Medical Society more than twenty-five years previously. Why it lapsed and wherefore the reorganization, deponent is unaware. He (C. B. B., deponent) was councilor at the time and was made "honorary member"—if the court pleases—a title he is loth to lose.

NEWAYGO COUNTY MEDICAL SOCIETY

The Newaygo County doctors met at Fremont Center, May 3, 1878, and organized an association auxiliary to that of Kent County. President, Dr. D. W. Flora; secretary and treasurer, Dr. J. T. Farley.[17]

And now—

"Regular meeting of the Newaygo County Medical Society met with Dr. and Mrs. W. H. Barnum at their cottage on Fremont Lake, Thursday, August 2, 1928, at 4:40 P. M.

"The meeting was called to order by the president, Dr. H. R. Moore. Dr. Wm. LeFevre of Muskegon was called and gave a very interesting talk on the different phases of diabetes, including symptoms, diet and treatment.

"This being ladies' night, the members and ladies then repaired to the dining room where a bounteous chicken dinner was served. Nine members were present.

"Meeting was then adjourned.—W. H. Barnum, M.D., Secretary."[14]

SHIAWASSEE COUNTY MEDICAL SOCIETY

In January, 1880, a county medical society was formed at Owosso: Dr. Jabez Perkins, Owosso, president; A. J. Bruce, Corunna, vice president; L. M. Goodrich, Corunna, secretary, and W. C. Hume, Bennington, treasurer. Its membership included, also, C. McCormick and Charles A. Osborne, Owosso; C. F. Armstrong, Corunna; D. C. Holley, Vernon; G. O. Austin, Perry; E. B. Ward, Laingsburg; W. B. Fox and Harvey, Bancroft; Tock, Lothrop.[13]

The Shiawassee County Society has always been an active and flourishing organization, as biographic sketches of many of its influential members, Drs. McCormick, Perkins, Parkill, Ward, Hume, and others to be found elsewhere herein abundantly indicate.

"Dr. Samuel S. C. Phippen, one of the oldest and best known physicians in Shiawassee County, died suddenly at his home in Owosso, March 12, 1929.

"Dr. Phippen was born in Canada and was nearly 69 years old at the time of his death and had practiced his profession in Owosso from the time of his graduation from McGill University in 1883.

"He was a member of the several medical societies, a Knight of Pythias, an Elk and a Mason. The burial services on March 14 in Oakhill Cemetery, Owosso, were conducted by the last mentioned order. The Shiawassee County Medical Society attended the funeral in a body."[14]

Clinton County Medical Society

An early effort to form a medical society in Clinton County was made in 1864, but it was found "impossible to infuse sufficient vitality into the organization."

In response to a call to those "regularly engaged in the rational practice of medicine," physicians met at the office of Dr. G. E. Corbin, St. Johns, in 1874, adopted a constitution and elected officers as follows: President. L. W. Fasquelle, St. Johns; vice president, C. V. Beebe, Ovid; treasurer, L. F. Wills, Ovid; secretary, G. E. Corbin, St. Johns. There were also present Edwin Doty and David Hollister, Maple Rapids; S. M. Post, Eureka; L. A. Lawrence, Fowler; D. C. Stewart, St. Johns; C. C. Dillenbaugh, Westphalia.

They believed "that men of congenial minds and similar pursuits may derive mutual benefit from fraternal association, thus promoting kind feelings and removing prejudices . . . and that a free interchange of opinions is calculated not only to harmonize the views, but also to add to the common stock of professional knowledge."

Drs. Fasquelle, Topping and Gillam served as president to 1880 inclusive, and in the membership list of the latter year are among others the names of S. H. Wellings, Maple Rapids; O. B. Campbell, Ovid; S. C. Gillam, St. Johns; Simon Herres, Westphalia; W. K. Yuill, Ovid; E. V. Chase, Elsie (*See* Volume I, Chapters V and IX), and six of the founders.[13]

The homeopathic persuasion was numerously represented in Clinton County in 1880. Eighteen are enumerated in the history above quoted.[13]

The fifth annual meeting of the Clinton County Medical Society was held in St. Johns, July 11, 1878. A paper on "Moral Insanity," elsewhere mentioned, was read by Dr. Herres, and Dr. Gillam of Elsie contributed a paper on "The Importance of Frequent Urinary Examinations in Disease."[17]

Dr. A. R. Coon of DeWitt, sometime president of the Clinton County Medical Society, graduate of the University of Michigan, died August 22, 1918, after a brief illness.[14]

Emmet County Medical Society

Dr. B. H. Van Leuven of Petoskey has supplied the original Constitution and By-Laws of the Emmet County Medical Society. It is weathered and worn and possesses values of an antique.

The document is undated but Dr. E. A. Runyan now (1929) of Flint, one of the signers, is of the opinion that the organization took place shortly after the 1902 plan became effective. Thanks to Dr. Runyan also, chirographies, some of which, as everyone knows, have the habit of being obscure, of the signers are interpreted. They are as follows: Henry T. Calkins, Petoskey (deceased); George W. Nihart, Petoskey (his present address; George E. Reycraft, Petoskey (deceased); E. A. Runyan, Harbor Springs (now Flint); A. Stealy, Pellston; John Pedden, now in Grand Rapids;

Benjamin P. Pierce, Mackinaw City (deceased); John J. Reycraft, Petoskey (his present address).

He adds, "It seems to me that Dr. Oven of Petoskey and Dr. L. W. Gardner of Harbor Springs were charter members also" and "the handwriting looks like Dr. George W. Nihart's."

Grand Traverse-Leelanau County Society

"The regular meeting of the Grand Traverse-Leelanau County Medical Society was held June 5, 1928, at the J. D. Munson Hospital.

"The regular summer picnic meeting of the Grand Traverse-Leelanau County Medical Society was held at the Sladeks' cottage on Long Lake on August 7, 1928.

"The hosts of the evening were Dr. and Mrs. H. B. Kyselka and Dr. and Mrs. E. F. Sladek, who provided the following dainty menu: One whole baked ham, six pounds of broiled weenies, a bushel of potato salad, combination salad, creamed peas, Bohemian sauerkraut, Swiss cheese, coffee, Bohemian goulash, and watermelon. Eighteen members did justice to the feed and then tried to do some business.

"Dr. Don M. Griswold of Lansing spoke on 'The Policies of the Michigan State Department of Health.'

"Dr. J. D. Munson gave a short talk about his winter in California, mentioning some of the work he saw in their larger hospitals.

"Dr. B. Sladek of Cicero, Illinois, spoke of the practice of medicine in the large cities encountering the competition of free clinics of all sorts.

"Dr. George F. Inch was elected delegate, and Dr. E. L. Thirlby as alternate, to the annual meeting of the State Society.

"The meeting was reluctantly adjourned at a late hour."[14]

Officers elected December 6, 1927, were: President, Dr. Edwin Rinear; vice president, Dr. Ralph Kernkamp; secretary-treasurer, E. F. Sladek; medico-legal counsel, Dr. F. P. Lawton.[14]

Hillsdale County Medical Society

"The regular joint meeting of the Medical Societies of the Counties of St. Joseph, Branch and Hillsdale, convened at the Lantern Tea room, Hillsdale, Tuesday, April 3 [1928], at 6 P. M. After an excellent dinner enjoyed by about 23 men and Miss Knott of the Red Cross Association, the meeting adjourned to the Mitchell Library and the president, after the reading of the minutes, introduced the speaker for the evening, Dr. C. G. Sturgis, director of the Simpson Memorial."[14]

Dr. Hugh Cabot, of the University, "gave a most interesting and illuminating address" to the Hillsdale County Medical Society in July, 1921, on "Tuberculosis of the Kidney." He "condemned the indiscriminate use of the cystoscope, as a serious operation liable in many cases to spread the disease and do harm," and "contended that a single cystoscopy should usually be all that is needed in a given case and that after the presence of tuberculosis has been demonstrated. This can be done by the use of the high power centrifuge and microscope after the pus, casts, and other debris have been removed by the ordinary centrifuge. After this has been done, the cystoscope comes in use to determine the seat and extent of the disease."[14]

In August, 1929, the following notice appeared in the *Journal of the Michigan State Medical Society:*

"Again has the hand of death been laid heavily on the Hillsdale County Medical Society. On the evening of Friday, May 24, Dr. F. R. Robson of Reading, a well loved and faithful member of that society, returning late to his home from his office, was stricken with apoplexy and rapidly passed into a deep coma from which he never recovered, passing away May 27, at about 2:00 p. m.

"Dr. Robson was born at Belleville, Michigan, January 11, 1874, and was therefore aged 55 years, 4 months and 16 days. He received his pre-medical education at the high school of Belleville, after which he was graduated from the Detroit College of Medicine in 1897, followed by a postgraduate course at the University of Chicago. After this he came to Reading, Michigan, and opened an office for practice. He soon became widely known as a skillful and conscientious physician. Ever genial, modest and unassuming, he was indeed, the 'beloved physician' to a vast number of patients and friends, both within and outside of the profession.

"He was married June 21, 1910, to Miss Etta Green of Detroit, who, with one brother, Edward Robson of Belleville, and two nephews, survive him. He belonged to the Blue Lodge and O.E.S. in Reading, Knights Templar of Hillsdale, Reading Lodge 287 I.O.O.F., and Elks Lodge of Coldwater.

"He was a splendid example of the 'family physician' whose rapidly thinning ranks are a cause of grave concern to the medical profession and thinking people in general.

"Being a member in good standing in his county society, he was also a member of the Michigan State Medical Society and a Fellow of the American Medical Association.

"Therefore, be it

"Resolved, That we, the members of the Hillsdale County Medical Society, wish to tender to the family and relatives of Dr. F. R. Robson, our deep sympathy in their bereavement, which is ours also and that of the community of which he was a part, and that this resolution be spread upon the records of this society.—By the Committee, W. H. Sawyer, D. W. Fenton."[14]

The *Journal of the Michigan State Medical Society* for June, 1930, contains the following tribute to Dr. D. W. Fenton, secretary of the Hillsdale County Medical Society and one of the signers of the foregoing resolutions.

"Eighty-two years of age, with fifty-five years of medical practice, still attending to the demands of practice, vigorous, mentally alert, keenly interested in life, fully abreast of the times—these are the outstanding factors of Dr. D. W. Fenton of Reading, Michigan.

"The following incidents were gleaned from his daughter and son-in-law during a recent visit to Hillsdale. They are imparted in 'interview form.'

"Surely no one in the world is more deserving of every bit of happiness that may come his way than Dr. Fenton, who has so conscientiously and unselfishly devoted his life to the practice of medicine.

"Many things I have learned about his early life in our quiet visits, many from my daily contact with him, for I have known him all my life, and have been his son for seventeen years.

"Dr. Fenton is the only child of Susan Hall and Daniel Babcock Fenton and was born in Delaware County, Ohio, October 17, 1848. His mother died at his birth and his father died when the doctor was five years old. His father was a farmer, surveyor and teacher, being one of the early instructors in Central College, Ohio, which later merged with the Presbyterian College at Wooster, Ohio. He also taught for some time in Memphis, Tennessee.

"Father received his early education in Galena, Ohio, attending the high school there and then refinished his high school course at Fremont, Indiana. He took his medical training at the University of Michigan and the Detroit College of Medicine, spending the first two years in Ann Arbor and then taking his degree at Detroit in 1876. He has often remarked that he considered himself most fortunate to have come under the regime of such men as Dr. Angell, Dr. Maclean, Dr. Ford, Dr. Andrews, Dr. Lyons, Dr. Theodore A. McGraw, Dr. Carstens, Dr. Frothingham and others whose lives and teachings touched the lives of their students so benignly and with such profound wisdom.

"Shortly after finishing medical school he was married to Harriet Thompson of Ray, Indiana. They had three daughters, two of whom died in early childhood. Mrs. Fenton's death occurred in 1914.

"Father began practicing medicine in Angola, Indiana, with Dr. H. D. Wood and later practiced for a long time in Ray and Fremont, Indiana. During those years he was a member of the Tri-County Medical Society, comprised of doctors from Steuben, DeKalb and Grange Counties, and served as its president at one time.

"In 1887 he located in Reading, Michigan, in partnership with Dr. Benjamin G. Strong, which partnership terminated the following year with Dr. Strong's removal to Long Island City, New York. Dr. Fenton has practiced in Reading ever since.

"How can I tell you all I would have you know about my father? To really know you should see him every day about his tasks. The practice of medicine is his first thought, his deep concern, his abiding joy.

"This past winter has been a particularly busy one. He has made country calls and braved the ice and drifts as cheerfully as I know he braved them the first year of his practice; and he has made night calls, too, despite my pleading for him to abandon them. He is most certainly that type of family physician who practices in his wide range of therapeutics the healing art for both soul and body.

"He is an indefatigable worker. A sample of some of the things he does occurred just yesterday. He was up early and down to his office at eight to 'get some medicine off on the mail.' He made his morning calls and went over to the high school and assisted in a general vaccination for smallpox. In the afternoon he attended to his office, came home to dinner, was called away during the dinner, and didn't get home until after three this morning. Of course this is somewhat unusual, but every day is full of interest for him.

"As you know, he is a most faithful attendant of the various society meetings and clinics. He is planning on attending the American Medical Association this June [1930]. He enjoyed to the utmost the secretaries' meeting in Chicago last winter and returned home inspired to greater endeavor.

"I have loved him since I was a little boy. Since Mother's death we have resided with him. I consider it has been a great privilege to live with him, for one can not live in the household of a conscientious doctor and not establish for himself a very workable standard of the real values of life.

"He is up-to-date with the literature of the day, a constant student; and often I come upon him in his office, reading, marking and filing the journals and papers to which he wishes to refer. And just as often I find him poring over his microscope, glancing up to say, 'Look, son! here is a splendid specimen.' Life holds such a vital interest for him. He is young in heart and never speaks of his age; not inclined to reminiscence, but always forward-looking. His burning ambition has been to be a 'good doctor' and this he most certainly has achieved. Father is a most modest person and surely would not approve of a member of his family saying this; but I am certain that his colleagues of the county would agree with me that he had made a marked success in the medical treatment of diseases of the thyroid gland.

"He is keenly interested in the affairs of the day, is an Elder of the Presbyterian Church, belongs to the Michigan Society of Mayflower Descendants, being descended through William Brewster, 'the good Elder of Plymouth,' has served his community in various official capacities, belongs to the Hillsdale County Medical Society, Michigan State Medical Society and is a Fellow of the American Medical Association. It is needless to tell you that at all times the welfare and prosperity of the Hillsdale County Medical Society, of which he has been secretary for twelve years, is of absorbing interest and concern to him. Knowing you would be interested I am enclosing a paper which he read a couple of years ago before the Hillsdale Rotary Club and which was published in full in the *Hillsdale Daily*.

"For more than twelve years Dr. Fenton has served as secretary of the Hillsdale County Medical Society efficiently and in a most creditable manner. We wish all our county secretaries might be as capable as this good doctor.

"Such then is the richness and fulness of this man's life. It is given to but few to enjoy a similar life. Dr. Fenton has fully deserved the heritage. We take pleasure in recording this tribute.

"The sincere wish of the profession in Michigan is that the years may still be many ere he enter into the shadows of the foothills. May his life, his work, his influence stimulate the rest of us to higher and nobler attainments. May the sweet perfume of evening breezes bring peace and comfort to him. May the swilight glow reflect beams of physical comfort and warmth. And finally, may a certain grim adversary recognize in him a noble foe and deal gently with him. We are grateful to Dr. Fenton for that which he has wrought for medicine and the profession in Michigan."[14]

INGHAM COUNTY MEDICAL SOCIETY

Dr. L. Anna Ballard has furnished a program of the annual meeting and banquet of the Ingham County Medical Society which was entertained November 12, 1903, at the residence of Dr. J. F. Campbell of Lansing. The officers elected were S. H. Culver, M.D., Mason, president; H. A. Haze, M.D., Lansing, vice president, and L. Anna Ballard, M.D., Lansing, secretary-treasurer.

Dr. F. W. Shumway of Williamston acted as toastmaster and responses were made on "Our Society" by Mrs. H. A. Haze; "The State Society" by Dr. H. B. Baker, Lansing; "The Pioneers" by Dr. W. W. Root of Mason; "The Fads" by Dr. R. J. Shank of Lansing; "The Ups and Downs of a Doctor's Life" by Mrs. F. A. Jones, Lansing, and "Our Honorary Members" by Dr. Campbell. Of the above five men, acquaintances or close personal friends of the writer, none is living. All were useful and honorable members of the medical profession. Dr. Shumway was a school-boy friend. Drs. Baker and Shank were Civil War veterans. Dr. Root, also a Civil War veteran, was sometime physician to the writer's family. Dr. Campbell was a brother of William W. and A. B. Campbell.

There were three Michigan physicians of the family of Campbell, of Canadian birth, all graduates from the medical department of the University of Michigan and at one time all in practice in Ingham County. Each was eminent in the profession, the senior of the three, William W. Campbell of Mason, highly cultured and of scholarly attainments. He was a philosopher and he it was of whom mention is elsewhere made who quizzed his student in anatomy and indoctrinated him on "buggy rides" in professional ethics and useful viewpoints based upon his own medical experience. His memory was remarkable. I remember a thrilling occasion when he anticipated a Decoration Day speaker by whispering again and again "Now he will say" this or that, and quoting word for word from a plagiarized address. He moved from Mason, Michigan, to Atchison, Kansas, and practiced there successfully for several years preceding his death. (C. B. B.)

Dr. A. B. Campbell (1852-1891) of Mason, Michigan, died of typhoid fever. His father's family (Elgin County, Canada) consisted of ten sons and three daughters, seven of the brothers being physicians. Like his brother, W. W., A. B. Campbell was a "large man, mentally and physically." John F. was intellectually on a par with the others, but of smaller physique.

Dr. A. D. Hagadorn, sometime president of the Ingham County Medical Society, whose "professional life was an inspiration to us all," died in February, 1918, aged 75 years.[14]

He was a brother of William A. Hagadorn.

The biographer of Dr. Henry H. Darby, whose "natal day occurred April 8, 1860," writes that dissatisfaction with one's acquirements and "a feverish anxiety to rend the veil of future discoveries" is a "wholesome condition of affairs."

Dr. Darby's father was a physician of Illinois. He, "our subject," was educated at the Keokuk College of Physicians and Surgeons, 1883, practiced in Morrice until 1890, then moved to North Lansing and specialized in diseases of women and children; was "conversant with the latest and most approved methods [in surgery], having a perfect equipment in the way of instruments for any operation."

"Liberal in religious matters himself, his wife is a member of the Presbyterian Church."

The foregoing information was derived from the "Portrait and Biographical Album of Ingham and Livingston Counties," and from the same source the following:

Dr. George D. Green, born at Albion, N. Y., in 1851, came to Holt, Michigan, at the age of sixteen.

He was employed by the Keystone Salt and Lumber Company, West Bay City, later was interested in farming, and in 1885 was graduated from Hahnemann, Chicago.

He located first in Morrice but in 1889 moved to Mason where, in 1891, he had "an extensive practice" and a "beautiful residence upon one of the choice residence streets of the town," presided over "most gracefully by his estimable wife."

"The young professional men of Leslie, Ingham County, are an element in the development of this progressive little town."

Of these was "our subject," Dr. John N. Green, born in Batavia, New York, in 1851, educated at the University of Michigan (literary department two years, medical department three years); a graduate from the latter "with high honors" in 1886.

He located in practice at Leslie in 1889 with his brother, Dr. David Green, and had, two years later, "an extensive practice."

After graduation from the homeopathic department, University of Michigan, in 1883, Dr. William Dunn Cooper became assistant to the Chair of Obstetrics and Gynecology. He located at Wayne, then in Lansing.

His father, Dr. E. N. Cooper, also had a medical degree from Ann Arbor. He practiced in Jackson until his death in 1880.

Dr. Cooper "stands high in the social circles of Lansing and it is the hope of his friends that before long he will establish a home here by choosing a companion whose amiable traits and high character will match his own and whose influence will add still more to the high reputation which he bears among his fellow citizens."

The above hope was expressed in 1891 and there are no subsequent data at present available.

On January 20, 1921, "the Neuro-Psychiatric Team of Dr. Inch [then] of Kalamazoo," later superintendent of the Traverse City State Hospital, entertained the Ingham County Medical Society, Drs. Inch, Potter, Wilbur, Harvey and Renshaw of Kalamazoo and Drs. Riley and Mortenson of Battle Creek participating.[14]

MANISTEE COUNTY MEDICAL SOCIETY

Dr. Albert S. Payne (1868-1918), who had been several times president of the Manistee County Medical Society, was born in Ohio. He was graduated at University of Michigan medical department, practiced at East Lake, then for twenty-five years in Manistee.

"The sweet and gentle character of Dr. Payne and his modesty and purity of thought were marked characteristics," writes Dr. Homer A. Ramsdell, secretary of the county society.[14]

MECOSTA COUNTY MEDICAL SOCIETY

On April 1, 1922, the members of the Mecosta County Medical Society tendered a complimentary dinner to Dr. W. T. Dodge, the occasion being the eve of his sixty-second birthday. Approximately thirty-five members were present and included some from neighboring counties. Dr. Le Fevre, of Muskegon, read a paper on the "Overdrained Abdomen." Dr. Wilson, of Detroit, gave a talk on "Vitamines," illustrated by lantern slides. Several addresses were made during the dinner in which the respect and friendship of the members for Dr. Dodge were expressed.[14]

LAPEER COUNTY MEDICAL SOCIETY

At a meeting of the Lapeer County Medical Society, held at Imlay City, November 13, 1917, Dr. J. P. Suiter, of Hadley, one of Lapeer County's oldest physicians, was elected an honorary member.

"Dr. W. H. Marshall, of Flint, was present and gave a very interesting talk on the 'General Organization of Medical Service from the Firing Line to the Convalescent Hospital.'

"He spoke at length on the diseases prevalent with the armies in France —cerebro-spinal fever, trench feet, gas poisoning, trench fever, trench nephritis, infective jaundice, amebic dysentery, and shell shock. Dr. Marshall's subject was a live one in the hearts of all American physicians, and he handled his subject in such a manner that he gained the admiration of his hearers, speaking as he did from personal experience, after nine months' service with the British armies in France.

"Dr. H. R. Varney, of Detroit, then followed with a talk on syphilis, making an old subject a new and live one, thereby bringing out many things along the line of diagnosis and treatment.

"Dr. Varney said with an early diagnosis, he believed the disease easily curable before the infection had gained headway along the lymph system, and unlike the old teaching to wait for the secondary symptoms to appear, advised the proper tests being made at once, followed by proper treatment if tests proved positive in reaction. The importance of recognizing the saucered finger nails as a point in diagnosis was impressed upon us.

"The profession was warned to be ready to cope with the disease when the soldiers returned from France. Stating that it had been the history of all wars to spread venereal diseases, and in this particular war, the various types from the various nations involved will be cut loose in America, he brought out the point that an active syphilitic was not a good soldier, had brain storms, and was a coward."[14]

Monroe County Medical Society

"Monroe County Medical Society met at the Park Hotel, Monroe, March 15, 1928. Dinner was served at 6:30. Dr. Phil Marsh, Professional Building, Detroit, gave an excellent discussion of 'The Treatment of Diabetes.' An interesting discussion followed.—Florence Ames, M.D."[14]

Dr. Florence Ames of Monroe, secretary of the Monroe County Medical Society, writes, "We have not done as well as Dr. Marsh in putting out bait for people." (Dr. R. G. B. Marsh's program for the Lenawee County Medical Society included "best possible speakers," "dinner at each meeting," "annual banquet," "meetings in different towns.")

Dr. Ames adds the painful experience: "The people who attend regularly are the ones who suffer. I never go to a meeting and find eight or ten people there to meet an excellent speaker that I am not ready to die of embarrassment."[14]

Muskegon County Medical Society

Dr. Garber "then gave an excellent talk on 'The Relationship of the Older Physician to the Younger' " to the Muskegon County Medical Society in February, 1921. "Dr. R. J. Harrington, who was to have discussed 'The Relationship of the Younger Physician to the Older,' was unable to be present."[14]

There's no reflection in this. High courage is present in every generation of physicians. (C. B. B.)

"On Friday evening, April 13 [1928], the members of the Muskegon County Medical Society met at the Century Club for dinner. Covers were laid for twenty-eight. Drs. Wood and Nichols of the Oceana County Society were present as guests.

"No business was brought before the meeting except a communication from the Muskegon County Tuberculosis Association requesting the County Medical Society to vote approval of and appoint members to give complete physical examinations to 200 members of County 4-H Clubs on June 2. The society voted that it would be impracticable to attempt to give complete physical examinations to such a large number in one day with the number of members of the society that would be likely to be available.

"Dr. Reuben Peterson, professor of obstetrics at the University of Michigan, read a very interesting paper on sterilization and birth control.

The paper was widely discussed at the meeting and the society gave a rising vote of thanks to Dr. Peterson."[14]

The oldest alumnus of the University of Michigan (1930) is Dr. John W. Stoddard, of Muskegon, who came to Ann Arbor for the reunion of classes which he attended under the administration of President Henry Tappan. Dr. Stoddard is 95, and was graduated from the medical school in 1859.

In celebration of his fiftieth anniversary of usefulness in professional and public life, the esteemed Dr. John Vanderlaan of Muskegon was recently honored by a dinner at Hackley Hospital given by members of the Hospital Staff, the Board of Trustees, the Board of Education and other friends.

Dr. F. W. Garber, Sr., presided as chief of staff of the hospital, an office that was first held by Dr. Vanderlaan, and presented to him a booklet inscribed in illuminated gold lettering.

John Vanderlaan, A.M., M.D.
Well Loved Physician
Wise Counselor
Educator
Friend

A short text, also in hand lettering, of a beautiful medieval print beautifully expresses the sentiment of his colleagues. It follows:

> "For half a century he has lived among us as an example of that fine type of professional manhood attained by the physician devoted to the high ideals of his calling.
>
> "Unattracted by the insistent calls of a growing commercialism, he has held steadily to the primal purpose of his calling—reverent service to the sick and to the suffering, and a constantly increasing knowledge of how to serve. He has been quick to know the value of the new and to make it the servant of the old.
>
> "The work done by him in the pre-hospital days, based as it was on his deep knowledge of the underlying and unchangeable principles of asepticism and wound healing, would do credit to the best of today.
>
> "His interest in the development of Muskegon hospitals was keen and his aid invaluable.
>
> "It is a privilege and a stimulus to high endeavor to be the associates of this modest, kindly and scholarly gentleman, and we have a very real pleasure in thus attesting our friendship and our great regard for him."

The script is autographed by members of the Board of Education, the Hospital Staff and the Board of Trustees who have known him during his years of service.

The dinner appointments carried out the anniversary observance with individual cakes bearing lighted candles in shades of golden yellow, American Beauty roses beautifying the tables, where covers were laid for eighty guests.

The felicitations and good wishes of the profession were conveyed to the doctor in a telegram that was read at the dinner.

Responses to toasts were made by Mr. C. W. Marsh, representing the Board of Education, on which Dr. Vanderlaan has served for thirty-eight years during eighteen of which he has been president; also by Dr. Archibald Hadden, president of the Board of Trustees of the hospital, and by Dr. George L. LeFevre, chairman of the Board of the Hackley Union National

Bank, of which Dr. Vanderlaan is vice-president. Dinner invocation was pronounced by Rev. Henry Veltman, pastor of the Central Reformed Church attended by Dr. Vanderlaan.[14]

Oakland County Medical Society

The Oakland County Medical Society was reorganized under the county unit plan September 9, 1902.

At this meeting the Constitution and By-Laws were adopted and the following officers elected: President, Dr. F. B. Galbraith, Pontiac; vice-president, Dr. D. W. C. Wade, Holly; secretary-treasurer, Dr. William McCarroll, Pontiac.

Board of Directors: Dr. C. M. Raynale, Birmingham; Dr. E. A. Christian, Pontiac; Dr. M. W. Gray, Pontiac.

The charter members present were as follows: J. J. Moore, Farmington; C. M. Raynale, Birmingham; D. W. C. Wade, Holly; R. LeBaron, Pontiac; N. T. Shaw, Birmingham; William Aitcheson, Ortonville; T. Herb. Prust, Pontiac; George H. Drake, Pontiac; J. Morse, Pontiac; J. L. Campbell, Birmingham; H. S. Chapman, Pontiac; Carlton D. Morris, Pontiac; E. A. Christian, Pontiac; S. E. Galbraith, Pontiac; D. G. Castell, Holly; V. H. Wells, Pontiac; R. G. Dean, New Hudson; J. C. Black, Milford; Aileen M. Betteys, Oxford; George W. MacKinnon, Oxford; B. C. H. Spencer, Rochester; John W. Fox, Orion; N. B. Colvin, Pontiac; F. B. Galbraith, Pontiac; H. C. Guillot, Pontiac; W. McCarroll, Pontiac; J. H. F. Mullett, Pontiac; James J. Murphy, Pontiac; Robert Y. Ferguson, Pontiac; Mason W. Gray, Pontiac; Anna Jay Clapperton, Pontiac; Guy C. Conkle, Pontiac; Irwin H. Neff, Pontiac.

Dr. Mason W. Gray, of Pontiac (1855-1916), "was active in organizing the Pontiac Medical Society and was its first president." He was "a devoted and unselfish friend, a sympathetic and wise counselor and an honest man," writes Dr. William McCarroll, a confrere.[14]

Indeed, he was. I can echo every sentiment. (C. B. B.)

Dr. McCarroll, who wrote of him as above, was a sometime partner of Dr. F. B. Galbraith and one of the best known physicians of Pontiac. He died in 1920, aged 65 years.

Dr. Charles A. Neafie, secretary of the Oakland County Medical Society (1928), writes, "The programs begin at eight o'clock. A careful check is made on everybody who attends. I keep an attendance record just as strictly as an old maid school marm does of her children. I believe that is a very important thing. After a meeting a letter is usually sent out to those who did not attend telling them that we missed them. If we did not, we tell them that anyway; that gets under the skin pretty well. . . .

"Some come and sit and listen. Some come and sit. When they sit and we notice their chair is occupied we give them credit for attendance."[14]

This society has carried on actively as witness the following:

"A meeting of the Oakland County Medical Society was held April 19, 1928, at the Merchant's Restaurant, Rochester.

"Preceding the meeting a musical program was rendered by Marian Hinkle, pianist; Adell Spencer, saxophone; Hollis Hinkle, violin.

"Among the guests present were Rev. H. H. Savage, pastor of the First Baptist Church, Pontiac, and Dr. Harry Rimmer, Los Angeles, California. The latter gave an interesting talk relative to recent discoveries made in connection with the study of cell structure.

"Dr. G. C. Burr, Detroit, presented a paper on 'Tuberculosis of the Kidney,' in which he discussed the advances made in the diagnosis and treatment of this condition during the past twenty-five years. The address was illustrated with lantern slides and motion pictures that featured a series of 500 animated drawings illustrating the technic of the operation for the removal of a kidney.

"The following physicians were elected to membership in the society: Dr. William Lloyd Kemp, Birmingham; Dr. E. J. Lindsay, Walled Lake, and Dr. John S. Lambie, Birmingham.

"A meeting of the society will be held on Friday evening, September 21, at the Old Mill Tavern, Waterford, Michigan. Dinner will be served at 6:30.

"Following dinner Dr. E. Kyle Simpson, Pontiac, will address the society on 'Medical Practice in China—Ancient and Modern.'

"The following applications for membership will be balloted on: Dr. J. J. Goldsberry, Pontiac—Howard University, 1926; Dr. L. Warren Gatley, Pontiac—St. Louis University, 1925; Dr. L. Thomas O'Brien, Pontiac—University of Illinois, 1914; Dr. L. C. Sheffield, Pontiac—University of Chicago (Rush), 1925; Dr. Alexander M. Carr, Royal Oak—University of Pennsylvania, 1918; Dr. Morrell M. Jones, Pontiac—Detroit College of Medicine and Surgery, 1915 (by transfer from Wayne County Medical Society).

"The following application for membership by transfer has been received and referred to the board of directors: Dr. James H. McCall, Pontiac—Detroit College of Medicine and Surgery, 1911 (from Marshall County, West Virginia, Medical Society).

"Members of the society may obtain the official automobile insignia from the treasurer, Dr. I. C. Prevette, 22½ E. Huron Street, Pontiac. Price $2.00 each; $4.00 for two. Most physicians use them on both front and rear of car, and by so doing you are assured of every courtesy from traffic officers, and that you will not be molested for overtime parking on the streets of Pontiac.

"Dr. B. C. H. Spencer, Rochester, has been nominated for the office of coroner.

"Other nominations of interest to the society:

"State Senator—Charles A. Sink, Republican, Ann Arbor; Charles P. Webster, Democrat, Pontiac.

"Legislature, First District—James A. Lawson, Republican, Royal Oak.

"Legislature, Second District—P. J. Miller, Republican, Walled Lake; Mark B. Armstrong, Democrat, Pontiac.

"Canada seems to have the call as the place to spend a vacation. Dr. and Mrs. H. A. Sibley and family have recently returned from a trip to Montreal, going by way of the Canadian Soo, driving as far north as Cochrane and Lake Temiskaming.

"Dr. and Mrs. A. V. Murtha made a ten-day motor trip through Canada, visiting the Toronto Exposition, Montreal, Quebec and St. Anne de Beaupre.

"Dr. and Mrs. B. M. Mitchel and family spent a two weeks' vacation at Park Hill, Ont.

"Dr. and Mrs. J. W. Fox are on a motor trip through the eastern states.—C. A. Neafie, M.D., Secretary."[14]

"Dr. Stuart E. Galbraith (1873-1929), one of the most prominent members of the Oakland County Medical Association, died Sunday (June 16, 1929) at 7 a. m. at his home, 86 Williams Street.

"Although he had been afflicted with diabetes for some time and for the past two months had given up active practice, his death, due to a stroke, came as an unexpected shock to a community where he was loved and respected by a wide circle of friends and acquaintances.

"Dr. Galbraith was the leading exponent of the X-ray in Pontiac and for several years directed X-ray work in the Pontiac City Hospital, Oakland County Tuberculosis Hospital and St. Joseph Mercy Hospital.

"He was born in Pontiac, the son of Dr. Franklin B. Galbraith, an Oakland County citizen distinguished as a physician and surgeon.

"He attended the Pontiac public schools, graduated from the Michigan Military Academy at Orchard Lake and entered the University of Michigan. There he completed the literary and medical courses, graduating from the latter in 1899.

"Upon graduation he immediately began practice with his father in Pontiac. After the latter's death in 1903, he carried on alone; in recent years has devoted himself almost exclusively to roentgenology.

Dr. Galbraith was of a retiring disposition. Entirely devoted to his profession, he gave to it the best years of his life. He shunned publicity, was content to serve the public, loved his home life and family and had the respect and confidence of all.

"Dr. Galbraith was a member of the Delta Kappa Epsilon college fraternity, the Pontiac Rotary Club and Pontiac Masonic bodies." (Extract, *Pontiac Press.*)

"Dr. A. L. Brannock won the Dr. Harvey S. Chapman trophy at the annual Oakland County Medical Society golf tournament Wednesday afternoon at Elizabeth Lake golf club. Dr. Brannock had a gross of 94 and a 24 handicap for low net of 70. The Dr. Chapman trophy has been donated for the annual golf competition of the county doctors.

"Other prizes were won by Dr. E. Howlett, Dr. Frank Mercer, and Dr. Harry Sibley. 'Dr. Dub's Trophy,' for high score, was won by Dr. C. A. Neafie, director of the city health department with a score of 153. 'It was my first game of golf,' Dr. Neafie said this morning. Last year it was won by Dr. Karl Zinn, who painted his name on the trophy, an enamel cooking pot, before it was presented at the affair Wednesday."[14]

Sanilac County Medical Society

"The regular meeting of the Sanilac County Medical Society was held in the High School Building, Brown City, on Wednesday, September 10 [1920]. President, Dr. J. E. Campbell, called the meeting to order at 2 P. M. Guests of honor were Dr. Angus McLean, Detroit, and Dr. M. E. Oroman, Port Huron. There were over thirty present including members from St. Clair and Lapeer Societies as our guests.

"Dr. McLean gave a very interesting and instructive 'Résumé of the Principles of War Surgery,' which was highly appreciated."[14]

Tuscola County Medical Society

The Tuscola County Medical Society had with it in December, 1920, "Team No. 12, consisting of Dr. Randall, Dr. Manwaring, Dr. Treat and Dr. Clift from Flint." They "covered their difficult subjects in the line of fractures in a very instructive way."[14]

Undoubtedly—Some team! (C. B. B.)

Detroit Medical and Library Association

The Detroit Medical and Library Association was organized in 1876 and in 1891 had a membership of 169.

It was composed in 1891, according to the classification of Dr. A. E. Carrier, retiring president, of climatologists, neurologists, gynecologists, hygienists, ophthalmologists, general practitioners, surgeons, dermatologists, optimists and pessimists, the two latter not *special departments* of medicine. He deplores the conventional, "I have listened with great interest to the paper. I do not know that I can add anything of interest to the paper—a conclusion in which the membership present fully agrees" and further that the necessity of calling on "Brother Shurly or Sister Warner for their experience" requires reform.

Dr. E. L. Shurly presented portraits to the Detroit Medical and Library Association. He said, "Of the charter members of this Association, some are still with us, whilst others have gone from among us. I present to the association as remembrances (not that we could forget, however) these pictures of three of our deceased members, the originators of this association: Dr. Abram Heaton, chairman of our first meeting, and a man of great executive ability; Dr. D. O. Farrand, who was always ready with purse and counsel; Dr. James A. Brown who was our first president, and gave us the nucleus of the library. It seems fitting that the pictures of these three men, founders of this association and library, whose zeal never flagged as they undertook their duties, should hang about us. Should we not be more persevering as we go on with the duties of the association, looking to these men as noble examples?"

A vote of thanks was tendered Dr. Shurly for his beautiful gift.[16]

It was a serious society and "no .... nonsense about it" and the writer pridefully discovers in reviewing the 1885 *Medical Age* that he was elected to corresponding membership in April of that year.

In contrasting this society with the Detroit Gynecological Society (*See* Volume I, Chapter XI) impressions of both are recorded. That Dr. Ernest T. Tappey of Detroit could have been elected president of the latter in 1894-1895 and of the Detroit Medical and Library Association the following year is distinctly indicative of popularity, adaptability and cosmopolite characteristics.

Ernest Taylor Tappey, A.M., M.D., professor of surgery in the Detroit College of Medicine, was born in Petersburg, Virginia, March 30, 1853. Among his ancestors were several who served in the Revolutionary War.

He graduated in the Arts at the University of Michigan in 1873 and received the degree of M.A. three years later; was graduated in medicine at Columbia in 1879.[21]

Dr. Tappey was surgeon to Harper Hospital, Detroit, from 1884 to 1899.

Service in the Revolutionary War on the part of one's ancestors and a professorship of surgery in an important medical college do not necessarily imply lamb-like submission of a felon on one's finger to the lancet. The gentle approach of another surgeon for the purpose of bestowing attention was unwelcome. Again and again attempts to secure the hand were resisted and finally, as solicitation became urgent, the would-be Samaritan was repelled with the minatory command, "Don't look at that finger like that!"

Dr. Hugo Erichsen,† now of Birmingham, through whose efforts the Detroit Crematorium was founded, has furnished the following article concerning this one-time flourishing and useful medical organization.‡

The Detroit Medical and Library Association was founded in the mayor's office of the city of Detroit by ten public-spirited leaders of the medical profession in the City of the Straits September 6, 1876. Who the ten were I have been unable to ascertain but it is safe to assume that they included James A. Brown, Theodore A. McGraw, Henry F. Lyster, Edward W. Jenks, David O. Farrand, Ernest L. Shurly, and last, but by no means least, John Henry Carstens.

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†*See* Volume I, Pages 372 to 374. The name is there misprinted "Erickson," for which many apologies.
‡*See* Volume I, Pages 610 to 611 also.

The aim of the society, as stated in the by-laws, was to "supply more efficient means than have hitherto been available here for cultivating and advancing medical knowledge; for elevating the standard of medical education; for promoting the usefulness, honor and interests of the medical profession; for enlightening and directing public opinion in regard to the duties, responsibilities and requirements of medical men; for exciting and encouraging emulation and concert of action in the profession; and for facilitating and fostering friendly intercourse between those who are engaged in it." In short, it was a general medical society that was auxiliary to the American Medical Association and that filled an honorable niche in the history of the profession in this state while it existed. Any regular physician was eligible to membership upon a three-fourths vote. At the time I was treasurer (1882) it had about 120 members and was, I believe, at the height of its glory.

Among the presidents, besides Brown and McGraw, I remember Shurly, Carstens and C. G. Jennings. The membership also included some very able female practitioners of whom I remember, particularly, Dr. Helen F. Warner, at one time vice president, and Drs. Gertrude S. Banks and Elizabeth L. Deuel. Dr. Carl Bonning and Dr. John Flintermann represented the German contingent and other prominent members included Drs. T. N. Reynolds (of Orion), C. C. Yemans, H. O. Walker, Eugene Smith, C. J. Lundy, Leartus Connor, James W. Robertson, Charles Douglas, Albert Carrier, Daniel La Ferte, E. A. Chapoton, C. W. Hitchcock, R. A. Jamieson, Heneage Gibbes, F. W. Robbins, N. W. Webber, David Inglis, J. B. Book, Willard Chaney, L. H. Johnson, W. P. Manton; and Edwin S. Sherrill, who has always impressed me as the Lord Chesterfield of our profession in this state.

While the proceedings usually consisted of the reading of papers and subsequent comments or debates, the meetings not infrequently took on the aspects of a clinic where patients would be presented and pathological specimens exhibited.

The early transactions of the association, from 1879 until 1889, appeared in the form of separate proceedings and were published by Parke, Davis & Company. There is one exception to this, however, for those of 1882 appeared in the *Detroit Clinic,* of which I happened to be assistant editor.

Subsequent to 1889 the proceedings were reported in the *Physician and Surgeon,* which was also published by Parke, Davis & Company, as was the *Detroit Clinic.* In 1883 the transactions were published in the *Medical Age,* another Parke, Davis & Company periodical.

If my memory serves me correctly, the society went out of existence in 1901. In the throes of dissolution it had the good sense to turn its large collection of medical books over to the city of Detroit. The successor of the association was known as the Detroit Medical Society, but only existed a year, upon the expiration of which it was merged with the then existing Wayne County Medical Society to become the present organization of that name. In 1910 the city of Detroit returned the medical library to the custody of the profession as represented by the Wayne County Medical Society, but on July 1, 1923, the municipality once more accepted its care and it became a part of the public library system. The books are now ensconsed in a building adjoining the Detroit College of Medicine and Surgery, at 629 Mullett Street, where they are under the care of an efficient, painstaking, and obliging librarian.

Hugo Erichsen, born in the city of Detroit, June 22, 1860, was educated in the German-American Seminary, Detroit, and Realschule (erster Ordnung), Kiel, Germany. He received the degree of M.D. from Detroit Medical College (March, 1882) and medical department, University of Vermont (June 26, 1882), also degree of L.R.C.P.&S. from Royal College of Physicians and Surgeons of Kingston, Canada, in 1883, when it was the medical department of Queen's University. Preceptor: John Henry Carstens. He was assistant editor, *Detroit Clinic* in 1882; associate editor of the *Western Medical Reporter* and the *Medizinish-Chirurgisches Correspondenzblatt fur Deutsch-Amerikanische Aertzte* in 1883; professor of neurology in the Quincy School of Medicine, medical department of Chaddock College, Quincy, Illinois, 1884 to 1886, compiler of "Medical Rhymes," first medical poetical anthology published in United States, 1884; author of "The Cremation of the Dead," Detroit and New York, 1887. Dr. Erichsen was city physician, Detroit, 1888 to 1890; member of medical staff, Parke, Davis & Company, 1898 to 1918; director of medical service, Burroughs Adding Machine Company, 1918 to 1926. Prior to entering the city physician's office, he was associated with Dr. Carstens in general practice.

"The hospitalization of crippled children at state expense at 'any hospital within the state other than the hospital at the University of Michigan, if such other hospital maintains a resident or visiting orthopedic surgeon and orthopedic nurses' has caused much discussion during the past year.

"The policy of hospitalizing patients at state expense has been in effect in Michigan since 1913. Such hospitalization took place at the University of Michigan hospital . . .

"The group of orthopedic surgeons is made up of eleven men who specialize in this type of work. They are: Dr. W. E. Blodgett, Detroit, president; Dr. Carl Badgley, Ann Arbor, vice president; Dr. D. M. Stiefel, Detroit, secretary; Dr. A. D. LaFerte, Detroit, acting president during absence of Doctors Blodgett and Badgley; Dr. F. C. Kidner, Detroit; Dr. John Hodgen, Grand Rapids; Dr. R. V. Funston, Detroit; Dr. A. G. Goetz, Detroit; Dr. F. E. Curtis, Detroit; Dr. F. H. Purcell, Detroit; Dr. C. W. Peabody, Detroit.

"The group of orthopedic surgeons welcomes into its membership other surgeons who are eligible."[14]

In this connection the excellence of the work of Rotary in behalf of crippled children is deserving of especial mention and commendation in Michigan medical history.

The "first regular meeting of the Academy of Surgery of Detroit was held in the Medical Building, January 21, 1921. The society were guests of the president, Doctor Angus McLean, at dinner. In the evening Dr. Max Ballin read a paper on 'Traumatic Cirsoid Aneurysm of the Hand' and Dr. Charles Kennedy on 'Repeated Gastric Hemorrhages.' "[14]

The Michigan branch of the American Urological Association under the presidency of Dr. Fred Cole, gave a complimentary dinner to Dr. F. W. Robbins of Detroit (now of Pasadena), March 29, 1921, at the Detroit Athletic Club. Dr. Robbins organized this branch and was its first president.[14]

Dr. J. G. Van Zwaluwenburg of Ann Arbor was elected April 19, 1921, president of the Michigan Trudeau Society and Dr. E. B. Pierce of Howell, vice president at their meeting in Flint.

THE FIRST EIGHTEEN YEARS OF THE DETROIT SOCIETY OF NEUROLOGY AND PSYCHIATRY†

It seems fitting that on the occasion of this eighteenth annual meeting of the Detroit Society of Neurology and Psychiatry that we should take time for the little reflection. In mirroring the past we may obtain a clearer image of the future. Stimulating retrospection is often the mother of inspiring prospection. Since we are already sitting on the eighteenth footstool to that more momentous occasion when the society will want to inscribe its first quarter century mark on the tablet of progress, may we take a sincere and serious inventory of our society's past, present, and future.

The origin of our society had its inception in the minds of four very able men—Drs. Edmund A. Christian, Albert M. Barrett, Colonel Bell Burr, and David Inglis. These four men of kindred spirit, residing at Pontiac, Ann Arbor, Flint, and Detroit, Michigan, respectively, had come in their occasional and incidental meetings and separate ways to a mutual understanding of a common interest. Accordingly, Dr. Inglis penned to the other three the suggestion that they talk over the matter of founding a society for the promulgation of professional fellowship, of clinical advancement in neurology and psychiatry. There soon followed, on November 19, 1908, the meeting of organization which was held at the Detroit Club, Fort and Cass Streets, Detroit. The new-born society took being with thirty charter members and the following officers: Dr. C. B. Burr, president, Dr. David Inglis, vice president, and Dr. Chas. W. Hitchcock, secretary-treasurer, with Drs. Christian and Barrett, councilors at large. Constitution and by-laws were drafted and adopted.

Of the four founders, three are living. Dr. David Inglis died at Tryon, North Carolina, at the age of 72. He was an able educator and until shortly before his death, held the position of professor of neurology and psychiatry in the Detroit College of Medicine. By those who knew him closely he was regarded as a delightful personality, a close observer, a clear, logical analyst of his patient's health problems and withal a very dependable friend.

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†Written by Dr. Thomas J. Heldt, Henry Ford Hospital, Detroit, and read as president's address before the Detroit Society of Neurology and Psychiatry, October, 1926.

The purpose of the newly founded society is simply and tersely stated in its constitution as follows: "Its object shall be to further the progress of the study of neurology and psychiatry." It has been my special privilege recently to visit separately Drs. Barrett, Burr, and Christian. It was an inspiration indeed to sit down in the personal office or den of each of these members of the originating quartette to review with him his personal recollections and interpretations. Thus was obtained, among other instructive expositions, a definite enlargement of the above stated "object of the society." Primarily there stood out in the minds of these men the urgent need of fellowship with one another and with other men of mutual interests and with kindred feelings and ambitions. Such fellowship was to them not a barterable commodity but a liquid asset negotiable only in so far as each fellow reciprocated the responsibilities resting upon him. Fellowship thus construed and by common consent is, and must be, still, the keynote of our getting together, individually and collectively. Prominent also was their demand that there be liberal clinical studies, above all that cases be demonstrated and that patients be presented at the meetings; nor was wall-flowering their habit when interesting case material was at hand, for with the opportunity for personal observation and the further opportunity for critical exchange of opinion they were of the firm conviction that noteworthy contributions to science would be made and in due time research interests adequately developed. To make proper literary record of papers read and cases summarized, during the early years of the society, the secretary made liberal record in the minutes of the society. Later it was arranged that the *Alienist and Neurologist,* St. Louis, Missouri, be the official organ of the society. It was looked upon as such from 1911 to 1919 but in the latter year change was made to the *Archives of Neurology and Psychiatry,* which journal stands in such relationship to the society at the present time. Unfortunately neither journal, as far as we have been able to ascertain to date, has ever been called upon to publish any of the society's proceedings. Individual members of course have had contributions published in those and other journals at various times.

According to the society's by-laws, meetings have been held four times yearly from the first, occasionally a fifth, or special meeting has been added. The majority of these meetings have been held in Detroit, at first at the Detroit Club or the University Club, later in the Wayne County Medical Building and more recently in some of the Detroit hospitals and in the Hotel Statler. Almost without exception, especially during the more recent years, one meeting each year has been very profitably held in one of the state hospitals. The programs of the society have always been replete with able addresses from out-of-town speakers or its own members. Several valuable symposia have been held on timely subjects and important health problems. Clinical case presentations have been liberal in members demonstrating interesting neurological syndromes. Psychiatric case material also has not been neglected.

During the period of the World War seven members of the society enlisted. Such enlistment and *status bellum* generally caused a noticeable interruption in the progress of the society. It was not until 1921, however, that the society found itself in a rather deep rut of professional inertia and impending disintegration. This led to much serious reflection and deliberation on the part of the officers of the society and resulted in the Council requesting the secretary to send every member their notable letter of December 4, 1922. This letter enjoined each member to make up, in behalf of the society, to the responsibility resting upon him individually. In unmistakable diction it brought to him the fact that the society cannot function satisfactorily and effectively, in business-like manner, nor its proceeding be interesting and thoroughly scientific, unless he accept the obligation of being present at its meetings, taking part in its discussions and otherwise contributing to its advancement. This official challenge was met with hearty approval, wholesome understanding, and reliable rejuvenation of interest.

It is evident then that an inventory of the present status of the society may be undertaken with the acceptance of that unequivocal criterion: that any society, and our society in particular, is inaminate and an organization on paper only, until each and every member injects into it personality, responsibility, stability, and standards of conduct, and breathes into it the breath of unfailing interest and ready effort. Without these, our society is dead and unprogressive.

The present membership consists of thirty-three fellows, seven affiliate members, and two members (honorary). This total of forty-two is a modest number, yet both great enough and small enough to grant, on the one hand, unanimity of thought and action and to furnish, on the other hand, diversity of interest and talent, both so necessary to solidarity of purpose.

Attendance at the meetings of the society very naturally has varied considerably during the different years. Fifty per cent of the total number of members had been the average until the direct appeal of the circular letter of December, 1922, since which time the percentage has been about 60 per cent. Should it not be even more? During the youthful years of the society, its members were dependent on trains with their inopportune connections, on cross country drives with perchance a rubber tired surrey but more often a buck-board, or even must rely on "shank's horses" alone—few had automobiles. What now! With all our locomotion—our speed cars! and, Oh, boy! what of the future!—by aeroplane—should a single member have excuse to be absent!

Since 1922, also, renewed effort has been made to conduct the affairs of the society in a more business-like manner. This has resulted in having the society's constitution and by-laws printed and struck off in pamphlet form suitable for mailing and, incidentally, being of handy pocket size, the pamphlet is more ready for reading, re-reading, and frequent reference. We now receive printed bills for dues, when due, over-due, and always, to say nothing of printed letterheads and printed program announcement card with reply cards attached—all for our convenience.

Furthermore, during the past four years a regular schedule of meetings has been faithfully adhered to with obvious advantage. The first and annual meeting has been held in Detroit, usually on the first Thursday in October. In addition to a fitting program it is the occasion for the yearly election of officers. Two other Detroit meetings are held, one in December and the other in February. At any one of these meetings the program includes an out-of-town speaker. Among our recent speakers from away have been Dr. Smith Ely Jelliffe and Dr. Walter Timme of New York City, Dr. Harold D. Singer of Chicago, and Dr. Ernest Sachs of St. Louis. The other meeting is held whenever possible at one of the Detroit hospitals and is featured by local talent. When two further meetings are held it is planned to hold one of them in one of our several state hospitals where splendid opportunity is furnished for an instructive program, especially interesting to those members who have limited experience with institutional methods and institutional cases. The last or fourth or fifth yearly meeting of the society is held at Ann Arbor in May or June where Dr. Barrett with his staff always furnishes the society a most instructive program full of that scientific touch and university coloring so stimulating to the full understanding of the problems of neurology and psychiatry. It has been practically compulsory for the meetings held outside of Detroit to schedule the programs for the afternoon and early evening in order to permit Detroit members who constitute a liberal number of the total membership to return to the city in time for the duties of the following day. In case of the Detroit meeting, however, it has been found more convenient to give the program during the evening, for but few of the members living outside of the city attempt to return on the same day.

With these brief comments concerning the past and the present of our society, may we project ourselves into its future?

I wish each present member of the society might have shared with me the inspiring stimulation I experienced on my recent visits to Dr. Barrett, Dr. Burr, and Dr. Christian. It would crystallize your feelings and interests in the society in a most wholesome manner and make your rationalizations regarding it come much easier. However, you would have fewer misgivings in reference to its future.

All is not a path of roses, however; brambles also occur. Chief of the thorns is faulty attendance. Without your attention and attendance the society cannot flourish. Its very nature and nurture are dependent upon you as an individual link in the chain of its existence. Your society is not a special gift to its officers, nor do its officers have any magic power to assure its success without your personal interest and active participation. Presence at its meetings is a prime essential, but let it not be a mute and passive presence. Discussion, remark, and comment fundamentally pointed and direct, with due consideration as to time, hour, place, audience, and other speakers are essentials second only to the requisite just requested.

New and old members alike should make it a matter of personal instruction to read and periodically re-read the society's constitution and by-laws. These, as I have already told you, were first drafted and adopted in November of 1908, they were amended on April 4, 1912, and February 5, 1925. With the adding of the amendments in 1925, occasion was taken to recast both the constitution and the by-laws and with the amendments incorporated in the text, they were printed in their present form. They are brief and forceful in their diction and inspire you to renewed effort and more implicit coöperation. Read them. In doing so you will note that they enjoin upon you a pledge through your written signature, to unselfish support and for unprejudiced solicitude for its continued successful progress. Without doubt every member that has joined the ranks of the society since 1912 has mentally subscribed to its constitution and by-laws, not only once but many times, yet there are no written signatures, other than those of the members of 1912, in the records of the society. I wonder if the present is not an opportune time for making such record of our reawakened interest and repledged support.

In this age of keeping tab on progress, roll-call is not uncommon. Personally, I believe that the *esprit de corps* of our society is so deeply ingrained that such loud acclaim of identity is at this time unnecessary. I do believe, however, that our secretary should make written note of those attending the meeting, for in so doing he will reduce the dryness of his minutes by injecting into them the personality of those present. Incidentally, you may wish to know that until very recently, it has been the traditional habit of our secretaries to do just that very thing. Remember, also, that the minutes of the society are the written evidence of its being, that they are charged with the facts of its progress and as such are open to your pleasure, inspection, and instruction. I am sure I voice correctly the feelings of the secretary when I say that he welcomes you to their perusal.

Another stimulating reminder that should not be forgotten is to send to each member of the society, at least once a year, a typed list of all the members. It would in no sense be beside the point to underscore the name of the member addressed. Such membership list should be revised every year and should constitute one of the important pages of the minutes for the year.

An exceedingly important function of the society is the providing of a ready and dignified means for disseminating the opinions, the observations and the learning of its members, especially in so far as these are concretely brought before the society in the form of prepared addresses and well worked out observations and data pertaining to cases studied and presented. Our by-laws provide: "The Council shall appoint an editor each year whose duty shall be to secure the papers read and a suitable report of the discussion thereon and to prepare them for publication." (Article 3, Section VII) Obviously an editor cannot successfully edit oral productions, accordingly the first requisite that any speaker on the program of the society must meet is to make written preparation. The speaker's manuscript should be handed to the secretary at the close of his address or paper. Discussions should be recorded in substance by the secretary unless other provisions are arranged. Standing arrangements for an official journal for the society have existed since 1917. At a regular meeting of the society on January 8, 1920, "it was moved and seconded that the secretary be held responsible for the publication, in the *Archives of Neurology and Psychiatry,* of the matter presented at the meetings of the society." The quotation from the by-laws cited above is of authority of February 5, 1925. Despite all these provisions, the proceedings of the society are still unpublished. The president of the society cannot edit them alone, neither can the secretary, however willing he may be. The *vis a tergo* of the society in this and all other matters is its Council. The Council consists of all the officers of the society, including the two councilors-at-large. Let there be action. I am sure the membership of the society invites it.

The matter as to whether or not the society's schedule of meetings should include a yearly meeting at one of the several state hospitals needs further crystallization. Personally, I judge that provision for such meeting should be made. I feel certain that the staff men of our state institutions feel that we owe them some of the dynamic force of our urban locomotion, and I am equally certain that we have need of some of that sober stability that is born of their time-tempered observations. Even if a fifth meeting of the society should be necessary to maintain such relationship, I believe it would be advisable.

The unwritten annals of our society are so full of noteworthy traditions, precedents, and accomplishments that much more might be said, but as I have already made bold with the hour, let me conclude by saying that we, as members of the Detroit Society of Neurology and Psychiatry, disdain the challenge that we are moribund and will prove our animation through our individual and combined efforts in maintaining our society in the dignity of that high professional standard to which it is so rightly entitled. Let there be the fellowship, the clinical presentations, the presence of patients, and that developing scientific acumen that its founders have stood for, and still insist on.

Charter members of the Detroit Society of Neurology and Psychiatry included: C. B. Burr, Flint; A. M. Barrett, Ann Arbor; David Inglis,† Detroit; Edmund A. Christian, Pontiac; David R. Clark, Detroit; Chas. W. Hitchcock,† Detroit; C. D. Morris, Pontiac; Johann Flintermann,† Detroit; Guy L. Connor, Detroit; J. E. Emerson,† Detroit; Carl D. Camp, Ann Arbor; Oscar Long,† Ionia; August W. Ives, Detroit; George L. Chamberlain, Lapeer; Wadsworth Warren,† Detroit; Walter P. Manton,† Detroit; Warren Babcock, Detroit; W. H. Riley, Battle Creek; Fred Newberry, Detroit; Herman Ostrander, Kalamazoo; William A. Stone,† Kalamazoo; Theophile Klingman, Ann Arbor; Alfred I. Noble,† Kalamazoo; Bishop Canfield, Ann Arbor; Carl Huber, Ann Arbor; James D. Munson,† Traverse City.

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†Deceased.

The Detroit Academy of Medicine‡

The Detroit Academy of Medicine was organized on September 21, 1869. From the date of its inception this medical body has had a dignified history, a noble tradition and a quiet but wholesome influence. Among the records it is noted that some one, probably Dr. Leartus Connor, divided the history of the academy, up to 1917, into three periods; the first from 1869 to 1881. This was apparently a period of intensive interchange, among its members, of clinical ideas within the faculty circle of the newly inaugurated medical college. The object, as records indicate, was the development of "a closer professional and social relationship" among its members, and "its advantages grew out of (a) its small membership, (b) its sympathetic audience of gentlemen, and (c) its homelike atmosphere." These conditions, then as now, were furthered and maintained by the custom of holding meetings at the offices or residences of its members, with (words of record) "a light lunch as a common feature for the purpose of cultivating a social element, too much neglected by the medical societies of the past."

It is also noted that the same agencies inaugurated the *Detroit Review of Medicine and Pharmacy,* a journal issued from 1866 to 1893; the Detroit Medical College, which began in 1868; and the Detroit Academy of Medicine, which was organized September 21, 1869. In 1881, twelve years after the academy came to life, there was a split in the membership of the organization which made it less closely identified with the college personnel.

In the second period, 1871 to 1896, the records indicate that the activities of the Academy were largely in the hands of "one half dozen men"—with a few others more or less closely identified. The loyalty and support of this small number should make them the marks of esteem for any today who feel that the Academy, since that time and in more prosperous seasons, has filled a place of distinction. On the evening of September 10, 1889, at the residence of Dr. Leartus Connor, a celebration of the twenty-ninth anniversary of the birth of the academy took place. Where the first period had been largely upheld by those who felt responsible and took credit for its inception, this second period, which continued to 1896, represented the efforts of those who regarded the organization, for its own sake, on a basis of high sentiment. Up to the end of this period, these men appear to have imparted much of their inspiration to a considerable group of energetic, younger men; and these are the men who during the third period, 1896 to 1917, were the chief actors on the stage, and they are still interested in the affairs of the Academy and active today.

The fourth period, 1917 to 1929, like the second, was ushered in under peculiar handicaps, one being the trying conditions of the Great War and later by the striking diminution in membership.

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†Deceased.
‡Written by Dr. Grover C. Penberthy, Detroit, Michigan.

A review of the minutes from 1880 indicates that careful notes were taken of all discussions and that the members attending the meetings manifested great interest in whatever subject was presented. The by-laws required that each newly-elected member read an inaugural paper. It was also customary for the retiring president to address the society.

The records of the Academy reveal the fact that at each meeting prevailing diseases were discussed. At the meeting on November 9, 1880, Dr. Andrews reported having seen a few cases of diphtheria resulting from bad drainage, there being no trap in the sewer. He described the exudate as abundant, but the constitutional symptoms not very severe. He further stated that the patients had suffered from sore throat ever since occupying their present quarters. The family that had occupied the house previously had not had occasion to call a physician for years, except in cases of confinement. Dr. Inglis, at this same meeting, in discussing diphtheria, stated that he had seen cases in one of which membrane extended into the larynx and a tracheotomy was performed by Dr. McGraw, the child dying in five hours. Several other cases had occurred in the same building, two patients dying.

This building was a three-story tenement house. The drain in the kitchen of the third story emptied into the drain of the sink of the lower floor. There was no trap in the drains, and the stench coming through the sink was abominable. "I think there is a direct connection between these attacks and the bad drainage."

Dr. Wyman, in discussing this possible etiological factors in diphtheria, said he did not think that bad drainage was always the cause of the disease. He added that some years ago he had made a thorough investigation in this matter in connection with the secretary of the State Board of Health and failed to find that bad sanitation was the cause. The disease appears where drainage is most perfect as well as in localities where drainage is imperfect. He did not think there was any distinct connection between the disease and bad sanitation. Dr. Inglis reported that he believed that bad drainage was the cause of the disease, and Dr. Andrews stated that he had nearly always been able to detect bad sanitation with his cases, but added that he was aware that there were many dwellings in the same condition as regards drainage as those in which the disease occurs, still the inhabitants have no diphtheria; but this holds true of all diseases.

In the minutes of the meeting of December 28, 1880, diphtheria was discussed and Dr. Connor stated that the profession was aware that the disease prevailed in Brooklyn and New York and that the mayor called attention to it in a communication to the Board of Health. He thought that the disease must prevail to an alarming extent when the mayor of a large city called special attention to it, and, in the same connection, mentioned the report by a physician in Minnesota that diphtheria occurred in his practice during the prevalence of northeast winds. The two being directly connected would support Dr. Wood's theory that genuine diphtheritic membrane can be produced by the action of irritants.

At this same meeting Dr. Noyes said that the previous evening Dr. H. E. Smith came to him for assistance in reducing a dislocation (subclavian) of the left shoulder of a gentleman who had met with an accident in getting out of the car at the depot. "I found a strong, muscular man of forty-five or fifty years. He informed me that he had had each of his shoulders out of joint a number of times in the course of his life. It took but little to produce dislocation. I essayed first to reduce this without ether while he was lying on his back, but failed for want of adequate strength. He was put under the influence of ether and placed upright in a chair, when, with the aid of two strong men (porters at the Russell House) reduction was accomplished. Dr. Smith assisted. While extension was carried on in the process of reduction, crepitus was felt by us both. It is more on this account that I speak of the case here, yet there was no fracture."

Dr. H. O. Walker reported five cases of secondary syphilis without any history of chancre. They did not come under his care until eruption and sore throat had existed for some time. The patient had been treated by other physicians for sore throat. Dr. Walker stated that he had used calomel and chalk, vaporized, and found that it gave immediate relief.

At this same meeting Dr. Walker said that it seemed proper that this society should take some action regarding a bill to provide material for dissection, and "if no objection is offered I will appoint a committee to report at our next meeting, a bill or the best means to secure a bill." Drs. Andrews, Connor and Carrier were appointed on the committee. Dr. Noyes expressed doubt of the passage of any bill at the next legislature. Dr. Walker believed that the people were ready for a bill if the legislature would pass one.

At a meeting January 11, 1881, Dr. Wyman read a paper on the "Mechanical Production of Anesthesia." Dr. Connor, in discussing it, was of the opinion that the contents of the paper opened up a suggestive field for thought—how the rapid breathing should cause the anesthesia. The same inquiry might be made regarding how insensibility to pain is produced by ether, chloroform or mesmerism. "This is only one of several problems involved. It may be due to the retention of effete matter in the body and brain, and may be due to other agents than carbonic acid." He stated that they were often able to perform minor operations in surgery by simply directing the patient's thought to another channel. He asked the explanation of the effect produced by pouring chloroform on the back of a dog—was the anesthesia local or general? Dr. Wyman answered that it was general, and Dr. Noyes asked the question: "What is the effect of rapid breathing?"

Dr. Robbins stated that he had a case of whitlow to lance in Harper Hospital a short time before and thought it a good opportunity to suggest rapid breathing; but this failed to produce the desired effect. Dr. Noyes said that no explanation of how the effect is produced is satisfactory. Dr.

Hawes referred to an article in a late magazine, giving an interesting account of the manner in which the Indian jugglers prepared themselves for the feat of being buried alive. It consisted in concentrating their thoughts upon a single organ for weeks at a time, keeping it at the same time in one position until, by constant practice, they were able to control their breathing and required only the minimum amount of oxygen to sustain life. Heat they consider is life and it is applied in various ways to restore them after removal from their burial places. Dr. Connor explained that this training enables them to reduce all functions of the body to a minimum.

Dr. Wyman read a brief history of a case of abscess in the spleen occurring in the practice of Dr. Brown of Monroe, Michigan, who sent with the paper a pathological specimen to the museum of the Detroit Medical College. The abscess opened into the stomach and was discharged through the anterior wall.

At this meeting, prevailing diseases were again discussed.

Dr. Cleland had seen a few cases of a mild form of diphtheria. Dr. Robertson thought he had examined over 1,200 cases of disease of the throat and nose, finding but one case of diphtheria. He further stated that he had had a patient in his office that day who had been treated by Drs. K. and K. for a year for syphilis. "He came to me to be treated for what he supposed was diphtheria. This diphtheria was simply mucous patches. Protoiodid of mercury cured him." Dr. Noyes spoke of the prevalence of diphtheritic sore throat. He had seen two cases, in both of which there was deposit on the tonsils. In one case, that of a young girl, the pulse was from 130 to 135, and when the exudate was removed it left a bleeding surface; she recovered. The other case, a boy of twelve years, with symptoms the same, also recovered. He reported another case that Dr. Webber operated on, performing tracheotomy. The mucus was so thick that the cannula pushed it down to the trachea. This patient died.

Dr. Cleland mentioned that four years before, he was called to attend a family living on the Cass farm—the children all having scarlet fever. The following year at about the same season he was called to the same farm and found two of the children suffering from diphtheria, with large patches on the tonsils and high fever. One patient, a boy, developed paralysis of the left lower extremity. Both finally recovered.

He was called again this year, at the same season, to the same family and found the children suffering from sore throat. The three separate attacks occurring in the same family and at the same season of the year led Dr. Cleland to suspect imperfect drainage. He secured a competent man to examine the sewerage, and one trap only was found. He had often noticed the odor of sewer gas upon entering the house.

Dr. Wyman had seen several cases where there was no exudate visible, but where there were all the other symptoms of diphtheria, with great prostration and followed by paralysis.

Dr. Connor at this point referred to the history of this disease as occurring at Barnstable. The first case that occurred was one of true croup. This followed cases of diphtheria. "Increasing facts seem to show that the two diseases are the same."

Dr. Dowlman stated that if the two cases were identical, it relieved his mind, as some years ago he had many cases of croup and, although orthodox in his treatment, all the patients died.

The question was again brought up by Dr. Cleland regarding the bill on medical legislation. Dr. Yemans declared that "our opponents are organizing thoroughly to defeat any bill brought before the legislature." Dr. Cleland stated that when the request for such a bill comes from the people it will receive attention and may become a law; but when it comes from the profession it will fail to pass.

At the following meeting, January 25, 1881, the resolution was referred to and Dr. Wyman moved the adoption. Dr. Noyes said: "I am hardly willing to support the resolution from my experience at the last session of the legislature. I look with discouragement upon getting any bill through. There was a bill before the last legislature and all it lacked to become a law was the Governor's signature. I do not think any hindrance should be put in the way of securing legislation in the matter. I think it would be better for this society to take no action in the matter at all. There is a law to secure competent engineers, and why should we not have one to secure competent physicians?" Dr. Cleland: "Yes, but the engineers did not ask for its passage—the people asked for the law and it was granted."

Further discussion revealed evidence that many of the members did not feel that the society should adopt a resolution. It failed of passage.

In discussing prevailing diseases Dr. Bradley stated that he had "rarely seen so much neuralgia and influenza occurring during the cold weather as was experienced this winter." Dr. Noyes: "It appears to me that diphtheria is prevailing to a greater extent than is really believed. I know of three deaths in different parts of the city today."

At the meeting of February 22, 1881, Dr. Inglis read the paper of the evening, entitled: "A Report of a Case of Abscess of the Liver." Dr. Chapoton recalled something that he had read of hepatic abscess in Japan. The symptoms mentioned in Dr. Inglis' paper were pathognomonic of abscess. One surgeon in that country operated by free incision and lost every patient until he adopted the antiseptic precautions of Lister. Since then he has saved every patient.

Dr. Hawes exhibited an ankylosed knee joint taken from a person who had died from Bright's disease and who had been for several years a sufferer from arthritis deformans. Some six or seven years ago the patient had the adhesions of the knee joint broken up; but the pain was beyond human endurance and to keep up the motions was impracticable. Just before death occurred, the patient could move one arm and hand very slightly, but this was all. The force exerted by two men could not break up the adhesions.

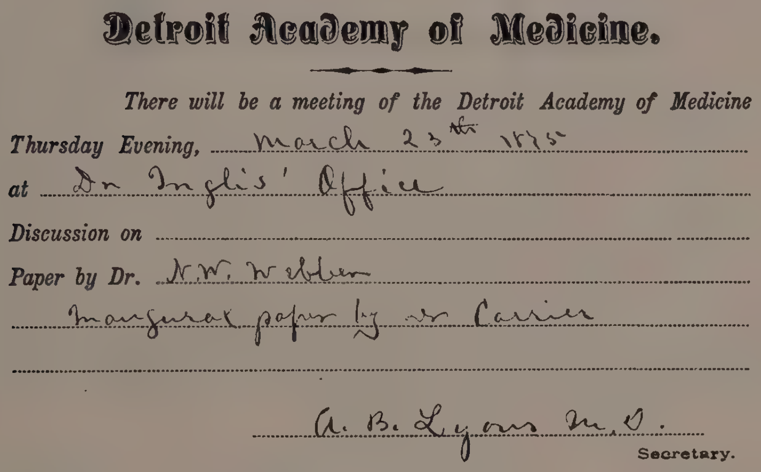
At the postmortem examination the arm was broken readily in the shaft by just raising it.

In discussing prevailing diseases—diphtheria, influenza, rheumatism, neuralgia, pneumonia and erisypelas were mentioned.

Dr. Spalding asked the question if it were a man's duty to stop all obstetric practice if he attended a case of puerperal fever resulting from taking cold. He failed to get a decided answer.

The following additional information concerning the Detroit Academy of Medicine has been contributed by a corresponding member:

Even the admirable and discriminating Detroit Academy of Medicine was not invariably, it appears, up to the "mark of the prize of the high calling." A memorandum in the *Detroit Lancet* announcing the election in 1881 of Dr. Judson Bradley, president, Dr. Hal C. Wyman, vice president, and Dr. Morse Stewart, Jr., secretary, expresses the hope "that the evidence of work presented by this society may be more evident this coming year than in the past."



Detroit Academy of Medicine.

There will be a meeting of the Detroit Academy of Medicine

Thursday Evening, March 23th 1875

at Dr Inglis' Office

Discussion on

Paper by Dr. N. W. Webber

Inaugural paper by Dr Carrier

A. B. Lyons M. D.
Secretary.

Detroit Academy Notice

And at the December meeting the same year they "beaned" the delinquent and indifferent by incorporating amendments to the Constitution as follows:

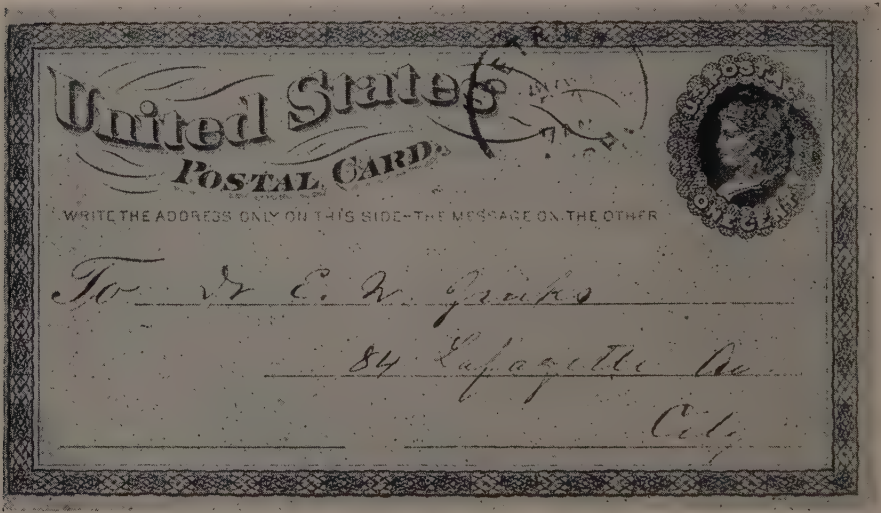
"Uninterrupted absence from meetings for three months without explanation shall be considered as a resignation in the Academy," and

"Failure to participate actively in the work of the Academy for three months, either by paper, report, discussion or lecture, shall entail a forfeiture of membership."[3]

Consequently this delightful body lived happily ever afterward and has prospered and flourished to the present day.

The Academy was organized September 21, 1869, "its object being to secure, by means of a limited membership, a degree of unanimity and an opportunity for improvement which would not otherwise be practicable. It is provided that new members shall be admitted upon the unanimous consent of existing members, and on admission shall present an original paper."

The officers of the society elected were: President, Dr. Richard Inglis; vice president, Dr. E. W. Jenks; secretary, Dr. W. H. Lathrop; treasurer, Dr. H. F. Lyster.



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To Dr E. W. Jenks
84 Lafayette Av.
City

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United States Postal Card to Dr. Jenks

At the meeting, September 28, Dr. Lyster presented a patient on whom he had operated for hip-joint disease and the following month the discussion of operation for cancer consumed most of the time of the meeting, prompted by the presentation of a schirrus of the breast on which Dr. Webber had operated. Then as now there was lively interest in the subject, Drs. Andrews, McGraw, Gilbert, Inglis, Lyster and Bigelow taking part in the discussion.

Dr. Jenks reported two cases of ovarian disease, of which one patient died eleven days following operation.[4]

Contributed by Dr. Walter J. Cree of Detroit: "The twenty-second annual banquet of the Detroit Academy of Medicine, Tuesday, September 8, 1891 was held at the Wayne Hotel.

"Dr. W. B. Sprague was the retiring president and the following were elected for the ensuing year: President, Dr. W. P. Manton; vice president, Dr. A. H. Bigg; secretary, Dr. C. W. Hitchcock; treasurer, Dr. Walter J. Cree.

"Sixty were present and Drs. J. E. Emerson and H. A. Cleland were toastmasters. Dr. Russell, the first speaker, 80 years old, spoke of himself as "a farmer and a horny fisted son of toil." He said that once when he broke his leg he was attended by Drs. Perry and Pitcher, who bled him and he submitted because it was the regular practice, but really all he needed was a bowl of hot soup and a short prayer. Other speakers were Drs. Bigg, S. P. Duffield, Mr. W. H. Brearley, who responded to "The Press," Herbert Bowen to "The Law" and L. C. Ives to "Art." This meeting was altogether an enjoyable affair.

"The twenty-third annual meeting of the Detroit Academy of Medicine, 1892, was held at Dr. Chittick's office. Dr. Manton gave the retiring president's address. Dr. George C. Palmer, superintendent of Oak Grove Hospital at Flint, gave an interesting paper in which he discussed the advisability of the state appointing a pathologist for the state institutions. An enjoyable banquet followed."

"Harrison Darling Jenks, A.M., M.D., son of Henry B. and Mary E. (Darling) Jenks, and nephew of Dr. Edward W. Jenks of Detroit, Michigan, was long secretary of the Detroit Academy of Medicine. He was born at Warsaw, New York, October 14, 1867. His maternal ancestors emigrated from New England and very early in the history of his native town became thoroughly identified with its interests. Here he lived the greater part of his life until he left for college in 1886. He was graduated from its high school in 1885 and in the autum of the following year he entered Harvard College at Cambridge, Massachusetts. In June 1890, he received the degree of Bachelor of Arts from this institution. In October, 1890 he entered the medical department of the University of Michigan where he stayed one year. He then went to the Harvard Medical School. In 1894 he received the degree of Doctor of Medicine and Master of Arts from Harvard University. He took a hospital course of one year as resident physician to the Children's Hospital, Boston, and later the regular service as house physician to the Boston Lying-in Hospital. Dr. Jenks located permanently in Detroit in June, 1895. He was lecturer in midwifery at the Michigan College of Medicine and Surgery for two years, resigning in July, 1897. He is at present (1898) secretary of the Detroit Academy of Medicine, member of the Detroit Medical and Library Association and of the Michigan State Medical Society."[15]

His death occurred in January 1928.

"He entered Harvard College from which he graduated with the degree of A.B. in 1890. Five years later he received also from Harvard University his degree of A.M. In 1895 he completed his course at the Harvard Medical School and the McLean Hospital. He immediately went to Detroit where his uncle was a distinguished physician and opened an office for the practice of medicine. He was eminently successful and gained a large reputation in his profession. During his later years he devoted his time exclusively to office practice. For years he was secretary of the Detroit Academy of Medicine which was made up of a group of the best known physicians of that city. He was also a member of the Wayne County Medical Medical Society. He joined the Detroit branch of the Sons of the American Revolution and for years he was treasurer of the Loyal Legion. He took his letter of church membership from the first Congregational Church of Warsaw to the First Congregational Church of Detroit of which Dr. Atkins, who has recently joined the faculty of Auburn Theological Seminary, was for a long time the noted pastor. Dr. Jenks had a distinction of personality. He was of the real Harvard type of professional man, intellectual but simple, successful but modest, popular but unpretentious. In character he was one of the best. Sterling integrity and a Puritan conscience were an inheritance from his New England ancestry. A deep vein of spirituality and moral stability characterized his religious life. He was a constant reader of the greatest books, and an earnest student of the vital questions of the day. As a citizen he was keenly interested in the growth and welfare of the city where he made his home, and in all the problems of our national life. A great number of friends will sympathize with his family in their sorrow and will lament the loss of his kindly fellowship."†

> Ann Arbor, Feb. 4, 1928.
>
> My dear Dr. Burr:—
>
> Your telegram which was handed to me directly after the funeral service in Detroit, of my dear brother, was a real comfort to me. He was so very modest that from him I would never have known that he was loved and esteemed in the profession to which he gave himself so whole-heartedly. Of course to mother and me who knew so well what he was and what his training had been, it seemed he ought to be appreciated in Detroit or wherever he might choose to settle. The large attendance of doctors and other friends at the service and the many tributes of affection and esteem since his sudden going, convince me that we weren't wrong in our estimate of him who had been everything to us. May I be as brave in bearing this crushing blow as he was in fighting to the very last, the last enemy.
>
> Cordially,
>
> LAURA D. JENKS.

"The Detroit Academy of Medicine met May 27, [1919], at the office of Dr. H. M. Rich. Captain Homer E. Safford gave an interesting talk on his 'Personal Experiences in the Army.' Following the paper Dr. Rich served the Fellows of the Academy with light refreshments.

"During the past year Lieutenant-Colonel P. M. Hickey, Lieutenant-Colonel J. W. Vaughan, Major L. J. Hirschman and Major Ray Connor talked on the army medical life viewed from their individual standpoints.

"The next annual meeting of the Academy will be held October 14, 1919, when it will celebrate its fifty years of continuous existence."[14]

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†From an obituary notice published in the *Western New Yorker*, January 19, 1928, Warsaw, New York.

MEDICAL SOCIETIES IN EXISTENCE IN MICHIGAN IN 1894[14]

Name of Society	Organized	No. of Members	Meetings	President	Secretary
1—Northeastern District Medical Society	1853	60	Semi-annual	C. M. Stockwell, Port Huron	A. Yates, Washington
2—Washtenaw County Medical Society	1866	30	Quarterly	T. S. Murdock, Ypsilanti	M. L. Belser, Ann Arbor
3—Detroit Academy of Medicine	1869	31	Semi-monthly	W. P. Manton	A. H. Bigg, Detroit
4—Cass County Medical Society	1871	17	Semi-annual	E. B. Phillips	W. J. Kelsey, Cassopolis
5—Northern Tri-State Medical Association	1873	70	Semi-annual	D. H. Wood, Quincy	F. M. Gier, Hillsdale
6—Detroit Medical and Library Association	1876	161	Weekly	J. Flintermann	P. M. Hickey
7—Calhoun County Medical Society	1876	25	Quarterly	A. H. Kimball, Battle Creek	L. M. Gillette, Battle Creek
8—Wayne County Medical Society	1876	82	Semi-monthly	O. S. Armstrong, Detroit	E. B. Smith, Detroit
9—Medical Association of Barry and Eaton Counties	1882	35	Quarterly	W. E. Newark, Charlotte	C. E. Stimson, Eaton Rapids
10—Kalamazoo Academy of Medicine	1883	90	Bi-monthly	I. Simpson, Kalamazoo	J. W. Bosman, Kalamazoo
11—Detroit Gynecological Society	1884	35	Monthly	J. H. Carstens	R. A. Newman, Detroit
12—Grand Rapids Academy of Medicine	1884	50	Fortnightly	J. Orton Edie	Bessie Earle, Grand Rapids
13—Oakland County Medical Society	1885	27	Bi-monthly	Pro tem. only	W. D. Tucker, New Hudson
14—Bay County Medical Society	1886	33	Monthly	J. L. Elliott	A. T. Stevenson, Bay City
15—Saginaw Valley Medical Club	1889	100	Semi-annual	Pro tem. only	A. F. Hagadorn, Bay City
16—Clinton County Medical Society	1890	25	Bi-monthly		M. Weller, St. Johns
17—Michigan Surgical and Pathological Society	1891	65	Monthly	Dayton Parker, Detroit	F. S. Hough, Detroit
18—Muskegon Medical Society	1892	15	Bi-monthly	W. N. Smart	G. S. Williams
19—Pontiac Medical Society	1892	15	Monthly	Pro tem. only	W. McCarroll

Forty-Six "Academic" Years†

In connection with the interesting story of the Detroit Academy of Medicine, Dr. Penberthy has supplied a list of papers and addresses given the society during the years 1870 to 1916. It is inferred that after the latter date, exigences of the World War and participation of many fellows of the academy therein occasioned temporary slackening of the society's activities.

Of the six hundred thirty-nine papers and presidential addresses, the highest number (24) was from the pen of the late Dr. Walter P. Manton; and this notwithstanding the fact that they cover the relatively short period from 1884 to 1911. He was twice president (1892, 1894). His subjects are all in the gynecological and obstetrical category, and include a survey related thereto in "Some Odds and Ends" (1897), "Consideration of Some Medico-Legal Aspects of Pregnancy" (1906), "Physical and Mental Aspects of Gynecological Operations" (1907).

There is wider range in selection of titles shown by some of the early academicians—for example, Drs. J. B. Bradley, J. H. Carstens, L. Connor and C. C. Yemans.

Dr. Bradley wrote on pediatric, therapeutic, medical, neurologic, surgical, obstetrical and orthopedic subjects; Dr. Carstens on medical education, sanitation, magnetism in relation to disease, medical, surgical, pediatric, gynecological and obstetrical subjects; Dr. Connor on diphtheria, phthisis and typhoid, on hystero-epilepsy, chloroform habituation, medical education, sanitation, physical training, the eye and ear and on historic matters; Dr. Yemans on vital statistics, delirium tremens, syphilis, eruptions from drugs, classification of skin diseases, artificial respiration, divers subjects in general medicine, the "Post-Partum Binder" and "The Relation of the Physician to Attempted Suicide."

The first paper was given in 1870 by the learned physician-journalist, Dr. George P. Andrews of Detroit, on "Fevers" and the last in 1916 by Dr. P. M. Hickey on "Pathological Conditions of the Skull as Shown by the X-ray."

Indications are that the essayists scratched the surface, at least, of a large portion of the field of medical endeavor from abortion to zymotic diseases; and in view of later life-work, titles are somewhat amusing as well as of no little interest as indicating that many of the best of specialists hit their effective stride after years of acquaintance with the detail of medical and surgical practice. A notable exception to this is the record of Dr. W. P. Manton who entered the professional field in a specialty and confined himself strictly thereto.

The variety of subjects is so great that classification by bushels-of-corn-on-the-wagon-box method was reluctantly relinquished as too complicated. The medical and surgical, and combinations of these, the obstetrical and gynecological, the anatomical, physiological, histological, pathological, ophthalmological and otological, botanical, chemical and therapeutical all have their place in the programs along with the reminiscent and prophetic, with travelogues, problems of education, administration, diet, sanitation, the public weal—economic and sociologic—as well as a spice of the controversial.

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†Addenda to Dr. Penberthy's contribution by Dr. C. B. Burr.

Even the present-day advertiser's "halitosis" which then was known by a simpler name, is discussed.

The above list is incomplete and there seems room for further whirling words to bewilder whirling brains.

Among "A's" there are: Abortion (Brady); Albuminuria (David Inglis); Alcoholic Stimulants (McGraw); Apoplexy (Webber); Abscess of the Liver (R. Inglis); Asthma (McGillicuddy); Abdominal Aortic Aneurism (Flintermann); Appendicitis (Carstens); Alimentation of Infancy (Lyster).

"Biliary Calculi with Apoplexy" is discussed by McGillicuddy; "Cheese" by Drs. S. P. Duffield and Bigelow; "Cyanosis Neonatorum" by Bradley; "Cretinism" by J. G. Johnson; "Catarrh" by Peter Stewart; "Cerebro-Spinal Meningitis" by the last named and Lyster; "Counter Irritation" by H. O. Walker and P. Stewart; "Chloral" by Carstens; "Cancer" and "Coxo-Femoral Resection" by Lyster.

Dr. J. B. Book told the Academy in 1870 about "Foreign Hospitals" and Dr. J. F. Noyes in 1879 of an "Eastern Trip." This paper and one on "Calcification of the Aortic Valves" were Dr. Noyes' only departures from the ophthalmologic.

Of other travelogues and sketches there were Dr. C. D. Aaron's "New York Lying-in Hospitals" in 1895; "A Rambling Talk" (Maire); "Things Seen in Europe" (Aaron); "Things Seen in Iceland" (Chittick); "Things They Might have Seen at Home" (Tibbals), all in 1910.

A story of the cliff dwellers was told by Dr. V. C. Vaughan, Jr., in 1914. It is altogether probable that this is the last contribution to a society's program made by this much lamented physician who shortly thereafter enlisted in the World War.

Dr. H. O. Walker was in 1871 not only interested in "Counter Irritation" as was also Dr. P. Stewart, but in 1873 in "Neuralgia," 1874 in "Stone in the Bladder" and in 1875 in "Gleet." Elsewhere in this history is mentioned his previous contribution on a pharmacological subject. In 1879 he gave two surgical papers.

While in 1878 Dr. J. B. Bradley was reporting "Two Hundred Private Cases of Obstetrics," Dr. Carstens was discoursing on "Hemorrhoids" but the following year he began to show acute indications of surgical assistance to "destiny" in "shaping (certain) ends." He wrote on "Carcinoma of the Uterus" in 1897, and "On a Sign of Pregnancy" in 1880.

"Scarlatina" was discussed by Dr. Richard Inglis; "Scarlatina Latens" by Dr. E. L. Shurly and "Sneeze Weed" by Dr. Bigelow.

The Academy is told by Dr. David Inglis about "Various Modes of Generation" and at a much later time by Dr. H. D. Jenks of "Breeding

Better Men." On the other hand "Apparent Death" (Lathrop) and "Sudden Death" (Gustin) lend a pessimistic pall to the program.

Dr. T. A. McGraw, except for "Alcoholic Stimulants" and "Yellow Softening," stuck to surgical subjects for the most part; but Dr. Carstens was concerned, among other matters, with "Care of Infants in the Summer Time" with "Medical Education," "Hospital Disinfection," "Magnetism in Relation to Disease," "Embolus," and in 1875 with the "Reorganization of the Detroit Board of Health." He wrote of "Treatment of Dysentery Without Opium" in 1875; but at this time he also *presented* "A Case of Labor."

Dr. George P. Andrews wrote in 1871 on "Electro-Therapeutics" and in 1872 on "Value of Oxygen."

Dr. Yemans discussed the "Unity of Croup and Diphtheria" in 1878, and Dr. Peter Stewart, the "Duality of Croup and Diphtheria" in the same year. Discussion of diphtheria was frequent in the society. The subjects of "Diphtheria and Sewers" and "Diphtheria and Sewer Gas" were introduced by Dr. J. E. Clark in 1884, and Dr. Chittick had something to say of the "Relation of Sore Throat to Diphtheria." On March 12, 1895, Dr. C. D. Aaron read a paper on "Treatment of Diphtheria by Antitoxin."

Dr. LaFerte wrote of "Hip-Joint Disease" in 1871 and "Spermatorrhea" in 1872. Thereafter he confined himself to orthopedy, with one exception —a paper on "Surgery in Hydrocephalus" in 1903.

In 1873 the subject of "Practice of Medicine in Michigan in the Olden Time" was presented by Dr. J. J. Oakley; Dr. Tibbals gave "Observations of a General Specialist" in 1898; "Surgery of Antiquity" in 1908 and "A Letter from an old Physician to His Son, a Hospital Interne" in 1912. He also contributed other papers.

Dr. L. Connor in 1871 was writing on "Typhoid Fever"; in 1874 on "Phthisis and Its Etiology"; in 1876 on "Diphtheria and Croup"; in 1878 on "Hystero-Epilepsy"; but in 1882 he began to show eye symptoms ("Syphilitic Affections of the Eye") and two years later ear symptoms ("Loss of Hearing Following Mumps").

Dr. F. W. Robbins told the Academy all about "Ante-Mortem Clots" in 1880; and Dr. Chittick, in 1882, discussed "Post-Mortem Examinations." The latter also wrote in 1883 on "Mesmerism."

Dr. George Duffield wrote in 1884 of "Carcinoma," also of "Urinary Casts."

Dr. F. L. Tiffany was once concerned with "Maternal Impressions" and Dr. F. A. Spalding with "Inherited Proclivities."

Dr. C. C. Yemans was interested in "Vital Statistics of Detroit" in 1875; in "Smallpox" and "Extra-Uterine Pregnancy" in 1876.

Dr. E. L. Shurly, as we have seen, once discussed "Scarlatina Latens." In the following year his subject was "Post-Partum Hemorrhage" and two years later "Zymotic Diseases."

In 1872 Dr. W. H. Lathrop discussed "Immovable Bandages" and Dr. McGraw in 1873 "Mercy of Prompt Surgery."

As we have seen, Dr. McGraw wrote of "Alcoholic Stimulants" in 1871. Dr. N. F. Brown in 1873 discussed "Alcoholism" and in 1874 Dr. C. B. Gilbert took a fall out of it. In 1880 Dr. William Dowlman warned the academy of its "Influence on the Nervous System" and in 1882 Dr. C. C. Yemans pictured "Delirium Tremens."

Should the Fellows go wrong, it is obviously their own fault.

But one member seems to have worried over tobacco; and how much worry he actually experienced does not appear—there being no transcript of his writings. This was Dr. J. W. Mason.

Dr. J. D. Munson, who later distinguished himself in psychiatry, wrote of "Dysentery" in 1873 and in 1874 on "The Prevention of Syphilis."

In 1874 Dr. David Inglis wrote on "Albuminuria" and in the following year on "Anomalies of Perspiration."

The subject of a paper by Dr. Judson Bradley in 1874 was "Trichina" and in the following year he wrote on "Strangulated Femoral Hernia."

Memorials of several deceased members are of affectionate quality and indicate the close *camaraderie* among the Fellows. Extracts from several of these follow:

Dr. Henry A. Cleland (1839-1911) "possessed to an eminent degree many of those sterling qualities which Ian MacLaren so well expressed as tenderly binding 'Weelum MacClure' to the people of the glen; was in active fellowship in the academy for thirty-four years. He "possessed a Scotch tenacity of opinion which ever gave him the courage of his ancestors."

He was "a surgeon in the Civil War and a prisoner in Libby; was the recipient of a medal for conspicuous bravery."

Dr. Johann Flintermann (1840-1912) "was remarkable for the breadth of his information and culture"; was "a foe to shame—a lover of the genuine"—unpretentious, modest, unassuming, an earnest Christian."

Dr. A. H. Bigg (1841-1911)—gentle and retiring—a student of the Bible—loving it for its literary values as well as for the soul satisfaction which he there found. His modesty was exceedingly great, his character of sterling worth. "In his going out from us he seems to have breathed the spirit of Poe's Ode:

"Thus let me live unseen, unknown,
Thus unlamented let me die;
Steal from the world and not a stone
Tell where I lie."

Dr. Leartus Connor (1843-1911) "wielded a vigorous and powerful pen." He "attracted many to him"; was "of fine physique and pleasing personality." Although "one might not always agree with him" it was "felt that what he said and advocated was the outcome of serious thought and integrity of purpose."

"That life is long which answers Life's great end."

Dr. B. R. Schenck, in sending check for dues to the Academy, writes to

Dr. A. Jennings in 1916 (October 11), "If by any chance the amount in conformity with the H. C. L. has gone up, I will gladly remit the difference."

Of the Fellows of the Academy, at least three served in the Spanish-American War and twenty-nine in the World War.

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Chapter IX

Upper Peninsula Medical Men and Medicine
A Symposium

"Many times it would be necessary to get out of his sleigh to keep it from tipping."
Dr. W. K. West.

"The earth tips over. It is tipping all the time. It upsets."
—Chase Salmon Osborn, B.S., LL.D.,
Governor of Michigan, 1911-1912.

CHAPTER IX

Upper Peninsula Medical Men and Medicine

Recollections and Impressions

By William K. West, M.D., Hinsdale, Illinois

THE beginning of medical work in the Upper Peninsula of Michigan dates back something more than a century, and to be exact, it was not in the Upper Peninsula, but on the Isle of Mackinac, lying only a few miles off the shore at St. Ignace. It was the work of Dr. Beaumont which added to the little known process of digestion by his studying it through the fistulous tract into the stomach, resulting from a bullet wound in the abdomen of a soldier stationed at Fort Mackinac. This great work of Dr. Beaumont is known to all physicians and need not be dwelt upon.† The doctor reported his observations in this case in a paper he read at a meeting of the Michigan State Medical Society in 1826.

After that for nearly a quarter of a century there is no medical history that I can learn of, but in the late forties and early fifties, there were settlements established at a number of points along the southern shore of Lake Superior, Sault Ste. Marie and Marquette, and other places near there and somewhat inland; at both Copper Harbor and Eagle Harbor on the shore of Lake Superior in Keweenaw County, the most northern county in Michigan; also at Hancock at what is now the Quincy mine, and at Ontonagon on the lake shore in Ontonagon County. Settlements soon sprang up further inland here.

That large area of the western part of the Peninsula, consisting of Gogebic County, was not settled to a large extent until the eighties, when the mines located there were first opened. The doctors first coming to these settlements may be considered the vanguard of physicians in the Upper Peninsula. The chief reason that brought these pioneer physicians to the extreme northern points of Michigan was the opening and developing at that time of iron and copper mines. These mines are now the chief industry of this part of Michigan. While iron mines have been found and successfully mined in Marquette, Dickinson, Iron and Gogebic Counties, the copper mines have had a more limited distribution in Houghton, Keweenaw and Ontonagon, all adjoining counties.

The Upper Peninsula has also been heavily timbered, making probably the second largest industry. After this timber has been cleared, the land has been found fertile, and the farming industry has been on a much larger scale than those not familiar with this part of the state would imagine.

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†*See* Volume I, Chapter VI.

However, one can now drive by motor over fine roads from Sault Ste. Marie down to Manistique and Gladstone and up to Marquette and from there to Houghton and then over to Ironwood in the western area, and may see little evidence of farming, as most of the trip will be through heavy forests. Still there will be many of the smaller towns along this route largely dependent on adjacent farms. The larger places have a large shipping interest.

When I came to Houghton County in 1889, forty years after the first settlements had been made, there was little known by most of the people of the southern part of the state of the northern Peninsula, and this condition prevailed until the automobile came, and fine roads were made through every county of this Peninsula. Now, on account of its beautiful scenery and fine summer climate, it is considered the finest tourist section of the state.

However, its summer is short and winter long, and, in many parts, the snow lies deep for several months. In the early years and until the good roads made motoring possible, it was very hard for a doctor to make his rounds. Until the nineties, and in many places later, the life of the physician was a hard one. Often as early as October he would be forced to change his buggy for a sleigh, and through the long winter, often severely cold, he would have to work his way through deep snow or over high drifts. Many times it would be necessary to get out of his sleigh to keep it from tipping, and with a heavy buffalo coat to contend with, it was tiresome; or on account of the driving snow, he would be forced to drop his lines, depending on his horse to find the road, and would cover his face to protect himself. Not rarely would snow shoes be necessary, if he were called out in the night after a heavy storm and the roads unbroken. Even in some of the larger towns this would be necessary. In those sections of the country the practice of medicine was hard, but there was no complaint heard on account of this, and the early doctors were real heroes and pioneers.

There would also be a single doctor in a small mining community, twenty miles or more from any assistance, and it made an all-day trip for a consultant to come; during the winter this would be impossible and he would be practically isolated. Such was the case with many doctors, and these conditions made them more self-reliant. They, like the tree away from the forest, blown by the winds, became the sturdy oak.

Until very recent years with an increase in hospital facilities, the Upper Peninsula doctor would practice obstetrics, treat serious illnesses, and even serious accidents in a small home, and best of all, he succeeded, and his mortality rate compared very favorably with those more fortunately situated; nor was it easy to send cases to surgical centers. Milwaukee, the nearest point, was four hundred miles from Houghton; Ann Arbor and Detroit, much farther. This made it necessary for the doctor to do the most of his surgery himself, and in the people's homes. Many operations not now attempted outside of a hospital, even hysterectomies and nephrectomies, were not infrequently done, and done successfully. These surgeons were a very few years behind those in the cities, as in 1888, when I served my interneship in Detroit, there were very few abdominal operations.

The first hospital in the Upper Peninsula was the Calumet and Hecla Mining Hospital at Calumet, opened in 1870; some years later the Cleveland Cliffs Mining Company opened a similar hospital in Ishpeming. These hospitals in the early days were used chiefly for the care of the most serious accidents occurring in the mines. In 1897, the Calumet and Hecla Company rebuilt their hospital and greatly enlarged it, and for a good many years it was the largest and best equipped in the Upper Peninsula, equal in its equipment, the work done in it, and the results accomplished, to many hospitals of much larger capacity. Its work was done entirely by a staff of doctors connected with the Calumet and Hecla Mining Company.

Dr. E. H. Pomeroy was chief of the medical staff for a number of years during the period of greatest activity of this mine, and at one time had a staff of eight assistants and two internes. These internes came from the University of Michigan. The idea of having internes at mine hospitals originated with him, and it was wonderfully successful both for the internes and the hospital.

It was not long before the members of each succeeding senior class at Ann Arbor became anxious for appointments. These were made at that time by Drs. George Dock and Victor C. Vaughan. This plan of Dr. Pomeroy was soon afterward adopted by Dr. Lawbaugh for the Tamarack Hospital at Calumet, and from 1906 to 1918 for the Copper Range Hospital at Trimountain. Two internes came each year, and the plan was continued until America went into the Great War; since then the marked increase in hospitals throughout the state, and the requirements of interneship made it impossible to longer continue it.

I do not know of any other places where this was done, and it seemed to me important enough to mention in a history of medicine of this part of the state; nor were there any mediocre graduates who sought these positions, but rather, the better men and in some years, the best men, in the class. And the experience they received, though this in some respects differed from a large city hospital, was equally valuable. Part of their duties was the same as in any hospital at the present time, which included that of the laboratory and anesthesia, and assisting in operations, besides ward work. But in addition, they had other work equally important, that of making calls in the people's homes. Very often they had the full care of these cases, calling the senior members of the staff only when the wish of the people or the seriousness of the case required it. In this way they received a large obstetrical experience in the year, and as all the patients, until recent years, were confined in the home with often no nurse in attendance, they became more self-reliant, and were better able to carry on with this work in private practice. It was not uncommon for some of them to have a hundred or more obstetrical cases in the year. The members of the staff took pleasure in assisting them when needed, or showing any cases of interest; but the work of the interne was by no means light. He might be called upon to take one of the doctor's office hours, or to make calls for him when out of town. Most of these calls were made walking. There was much laboratory work to be done each day, as at that time there was no central laboratory. There was also a very large amount of industrial surgery, as accidents in the mines were frequent, and fractures a daily occurrence.

When night came, the internes were not often free. New calls coming in had to be made, or very often they would be summoned to a confinement case. There was no pituitrin and such a case meant hours of faithful watching. If the snow was deep and heavy, it was not easy to go back and forth, and remaining at the patient's home, often sleeping on a bench and sometimes only a chair for the night, was considered easier than going back to their own home, only to be called out again before morning. Such was the life of many of these internes, and at the end of their year they were better qualified to begin practice than their friends who had accepted city interneship; and this hard grind matured them and made them real doctors. There are many of these internes who have had pronounced success in the practice of medicine in Michigan and other states.

The life of many of the doctors in the employ of the mines was much the same. They were then called company doctors, but the practice of the older and more experienced was not limited to their mine practice by any means; some of them had a very large private practice as well. With the smaller mines not having a hospital, the company furnished and equipped a dispensary consisting of a few rooms, and here the doctor did his office work, having to dispense his drugs as well.

I have often believed that one of the best features of the interneship was dispensing the medicine prescribed, for in that way one became more familiar with the mixing of drugs and their compatibility. Some learned by practice what they had been told in college and had forgotten; that bismuth did not dissolve, and that digitalis and iron did not make a good looking mixture.

While the practice of medicine in the Upper Peninsula a generation and more ago meant much hard work, there were many pleasant and redeeming features. In the first place, most of these doctors received an unusually broad and large experience, and they found the people pleasant, as a rule, to practice among. A large proportion of the people were foreign-born or of foreign parentage. At Calumet, in 1900, there were more than thirty nationalities represented. As a rule, these people were pleasant and appreciative, and it was unusual for them to call a doctor unless he was needed, even though their relation with the mines would make it easier for them to do this than where every call or office visit meant a fee for the doctor.

I know from forty years' experience in this work that the patients not connected with any mining company were just as quick to call in their family doctor. Of course, physicians are very often imposed upon, but where there is a fee promptly paid, they do not complain.

I have possibly made more reference to the doctors connected with mining practice than those in private practice, because this type of practice was the predominating feature of medical work in the Upper Peninsula for many years, and at the present time in the counties in which there are mines operating, most of the physicians are connected with the mines or have been in the past.

In the earlier years it was necessary that the companies make some arrangement for the care of their sick and injured, and very often this doctor might be the only one. It is interesting that for many years so many of the doctors came from central New York and New England.

These mine physicians were the same as the industrial physicians of the present, and as far as Michigan is concerned, industrial surgery had its origin in the northern Peninsula. They are sometimes spoken of now as contract surgeons, although there is no contract, and that is the only practical way to handle the situation. It has never lowered the standard of the surgeon, but rather the reverse, has elevated it, as the companies have insisted on surgeons competent to do their work.

It has been necessary for these mines, often some miles from a town or city, to have a medical service, and the officials have seen to it that they did. With the larger companies, it has been necessary to have several physicians, and hospitals, and, as a rule, these mine physicians have been the equal of their colleagues in private practice. The patient had some advantages, in that his case could be discussed by all the doctors of their staff, and as their hospitals were completely equipped, he was assured of the best hospital care in case of serious illness or injury. The relation of the doctors connected with the mines and those in private practice has been most cordial. There is no difference in ethics between the doctor doing this mine practice and receiving a definite salary from the company, and those in the city who have, as part of their income, a salary from some insurance company, factory or other corporation. Industrial surgery, as I said before, began in the northern Peninsula, and there has been no opposition to this type of work, when it has been investigated and known. Those doctors who have referred to the mine surgeons of the Upper Peninsula as contract surgeons have either been malicious in their statements or ignorant of the type of work done and the necessity for it.

Graduate nurses were unknown until the nineties, a few years after their general use in the cities. My wife, Mrs. West, was the second graduate nurse in the copper country, coming as head nurse to the new Calumet and Hecla Hospital in Calumet; hospital superintendents were then called head nurses. If they had nurses in other parts of the Peninsula, I do not know.

It has been very difficult to get a definite history of the different medical societies in the Upper Peninsula. As early as 1890 there was a medical society, embracing all the counties of the Upper Peninsula, and called the Upper Peninsula Medical Society. The members met once a year, their meetings having a fine scientific program, and being well attended. Some years later the society became disorganized, but a reorganization of it took place, and I think the surgeon most active in this was Dr. A. W. Hornbogen of Marquette. For a number of years, Dr. Cruze of Iron Mountain was the secretary. A president is elected at each meeting and the secretary is the secretary of the society in the county at which the next meeting will be held. Who was the first president or the first secretary, I have been unable to learn.

There was also, when I came to Houghton County in 1889, a well-organized county society, which later ceased to function. For some years the staff of the Calumet and Hecla Hospital had a society of their own. The members of the staff met each Monday night, at which time papers were read and cases presented for discussion.

A few years later, under the plan of the Michigan State Medical Society, the present Houghton Medical Society was organized. The minutes of these early meetings have been lost, and who the first president was, I do not remember. There have been very few months since the organization of the present Houghton County Medical Society, over twenty-five years ago, that meetings have not been regularly held. Good programs have been given, and a large attendance has been the rule. I believe this situation is true largely throughout the Upper Peninsula.

In most cases, the county societies consist in a union of the physicians of two or three different counties.

I have not meant to emphasize the medical work of the copper country, as against any other part of the Upper Peninsula, in presenting this paper. It simply happens that I know more about that section of the state.

While I cannot give in exact order the earlier physicians settling in the Upper Peninsula, and have not the data in regard to all of them, I wish to mention a few, with special emphasis on some of them. As far as I can learn, the first physician to come to the Upper Peninsula was either Dr. J. S. Livermore, who first came to Marquette in 1851, and later moved to Copper Harbor, the most northern point in the state of Michigan, where he died in 1862, or Dr. Clark, who came to the Quincy mines as their surgeon in the early fifties. The Quincy mine was the first of the copper mines to be opened in Houghton County, and has been working steadily since, having a medical department all these years. Dr. Clark came from Boston, possibly because the Quincy mine, like most of the copper mines, was developed by Boston capital. This mine has had many physicians since then, and always a medical staff. Most of these physicians have been men of fine character and marked ability. Their present surgeon, who has been with them a number of years, is Dr. A. F. Fischer, who kindly gave me some of the data that I have here presented.

In 1852, Dr. R. H. Osborne began practicing in Ontonagon County and stayed there until 1868, when he moved to Calumet, and in 1874 became chief of the Calumet and Hecla staff, a position which he held for many years. In the latter part of the century, he moved to Detroit, where he died, over 90 years of age. For some years before his death, he was the beloved Prelate of the Detroit Commandery of Knights Templar.

Also in 1852, Dr. J. M. Rhodes came to Ontonagon County, later moving to Franklin, north of Ontonagon, where he was surgeon for a number of years. Dr. Rhodes was a real mechanic, able to fix almost anything, and as a result of this ability, he was known, when I first came to the copper country, as an expert obstetrician. He was also very partial to the use of calomel, which he gave for the relief of most trouble, and told me he had prescribed more pounds of calomel than he had grains of opium.

Dr. James J. St. Clair was one of the early settlers in the Upper Peninsula. Born in New York in 1822, he graduated from Oberlin College, and later came to Lake Superior as agent for the Cleveland Iron Company, and later began practice in Marquette. He died in 1862.

Dr. L. D. Cyr, born in 1833, graduated in 1856, and came to Negaunee in Marquette County to practice in 1858.

Dr. A. C. MacKenzie began practice in Negaunee in 1869, becoming one of its leading physicians.

Dr. R. C. Markum came to practice in the sixties in Marquette.

Dr. Overfield began the practice of medicine in Houghton in 1870, and Dr. Charles W. Niles was a member of the Calumet and Hecla staff from 1874 to more than twenty-five years later.

Dr. F. O. Dowell, born in Sweden in 1838, came to this country twenty years later, was graduated in 1869, and came that year to Ishpeming.

I do not know the year in which Dr. Beverly D. Harison began the practice of medicine in Sault Ste. Marie, but for a number of years he was one of the prominent physicians in that city, and later was secretary of the State Board of Registration in Medicine.

When I came to Houghton County in 1889, the following mentioned men were prominent in the different towns in which they practiced. I came as assistant to Dr. F. E. Fletcher at Lake Linden. Dr. Fletcher, with his white hair and smiling face, was one of the handsomest and most professional of any physician I have known. He was a skillful physician and bold surgeon. It was my privilege to assist him in a great many abdominal operations on the kitchen table in people's homes, where, at times, the only light was that from a kerosene lamp.

At Houghton, Drs. Jones and Wheeler were the prominent physicians; in Hancock, Dr. Scallon; at the Atlantic mine, Dr. Davids; at the Quincy mine, Dr. Downer; at Calumet, both Dr. E. H. Pomeroy and Dr. A. I. Lawbaugh. There were many other towns in the county at that time, but these can be considered the leaders of the profession.

No history of medicine in the Upper Peninsula will be complete without more than a passing notice of Dr. A. I. Lawbaugh, later president of the

Michigan State Medical Society, and Dr. E. H. Pomeroy. Dr. Lawbaugh was for many years chief of staff of the medical department of the Tamarack and Osceola group of mines located in Calumet and surrounding districts. He was born in 1844 and graduated from Long Island Medical College in 1870. After serving an interneship, he came to the Upper Peninsula in 1871, and located at the Phoenix mine, where he practiced for twelve years. The Phoenix mine was one of the most northern mines in Michigan in Keweenaw County, about fifteen miles north of Calumet. Largely isolated from other settlements and doctors, Dr. Lawbaugh knew the hard life of the pioneer physician in the Upper Peninsula. In 1883, he came to Calumet and became physician to the Osceola mine, later moving to Calumet, where he resided until his death in 1923, at the age of 79. I first became acquainted with him soon after I came to the county, and my respect for his integrity and character, as well as his thorough knowledge of medicine and operative skill, grew as the years passed. Most of the people he had attended in his early years at Phoenix had moved to other sections of the county. Whenever they became seriously ill, they wanted him, and his reputation spread until a large majority looked to him as consultant. He came to Lake Linden very often to see patients with me, choosing a most inconvenient hour—6 o'clock in the morning. I had to meet him a mile out of town with a horse, drive him to the patient's home, and then back to the train so that he could return to Calumet in time to be at his office at 8 o'clock. For these trips at this early and inconvenient hour he charged the big sum of $5.00, and at a time when his reputation was the highest. His examination of a patient was most complete, and his treatment of the attending physician was all that one could ask. Once I asked him why he charged so little for a consultation when the men were receiving good wages at that time and had steady work. His reply was, "Doctor, these people cannot afford more." And that was his principle in life—always ready to give of his time and skill to the benefit of the poor.

He had a large experience in fractures and had been most successful. He was a great believer in the value of the Hodgen splint in fractures of the lower extremities. He considered it superior to any other method of treating fractures of the neck of the femur, and, as I have treated many such fractures since that time, I can endorse his opinion and judgment.

Dr. Lawbaugh was a great student. Practice of medicine was his business, his diversion, his hobby. When he died there was no one to fill his place, both in the opinion of physicians and laymen alike.

Dr. Pomeroy was like Dr. Lawbaugh, a prodigious worker, thoroughly abreast of the times and what was new in medicine and surgery. He built up the staff of Calumet and Hecla, during his years as chief, to a high standard, known throughout both peninsulas.

He was a remarkable executive, and a diplomat. A hard worker, he exacted intense application from all his assistants.

During his leadership, an autopsy was insisted upon by him in case of every death. The doctor not securing one had to give sufficient reason to Dr. Pomeroy for not succeeding. These autopsies, held very often, were, of course, of tremendous value to all present.

Dr. Turner was practicing in the nineties in L'Anse, Michigan, a small town on the shore of Lake Superior, and some years later moved to Houghton, where he soon became the leading physician.

To me Dr. Turner seems like the ideal physician, and he claimed never to have refused, either day or night, to respond to any call that came to him. From my knowledge of his work, I believe this statement is true—something that probably can be said of very few physicians. He did a prodigious amount of work, mostly as a private practitioner in Houghton, but also as surgeon to the Isle Royale mine, up the hill outside of Houghton.

He could become quite severe to people who insisted on having a bill when he believed they were not in a position to pay it.

He died suddenly one night alone in his home, and a few weeks later a livery driver told me that he had driven him twice that same night up the hill to see some of his mine patients.

At Ishpeming, there were Dr. Vandeventer and Dr. Felch in charge of the medical staff connected with the Cleveland Cliff Corporation of Mines. They were widely known throughout the Peninsula for their skill as physicians and surgeons.

Dr. Vandeventer died some years ago and his body lies buried on a small isle in beautiful Lake Michigamme.

Both Dr. Felch and Dr. Barnett, also one of the members of this staff, are still living and active, with a host of friends both among the laity and the profession.

I have tried in this brief review to present the leading features of the practice of medicine in the Upper Peninsula, and to mention a few of the men who were leaders in the early days; and also in 1889, when I first came there.

I appreciate that I have fallen far short of the mark for different reasons that have been beyond my control, and wish to apologize to other sections of the Peninsula about whom there has not been enough said. As a practitioner amongst these noble men of medicine and surgery for forty years, I feel very proud of the opportunity to have been part of them.

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Upper Peninsula Men and Societies

By C. B. Burr, M.D., Flint, Michigan

DR. WILLIAM K. WEST, who has furnished the foregoing interesting account of Upper Peninsula men and medicine for this history, was a son of Dr. William C. West, a prominent physician of Monroe, in the sixties. His preliminary education was received at the Monroe high school, and soon after graduation from Detroit Medical College in 1889 he was appointed mine surgeon and moved to Lake Linden.[1]

He has been for years a prominent and popular member of the Michigan State Medical Society; was Speaker of the House of Delegates in 1927.

Dr. West, despite overwhelming domestic affliction and himself suffering from a carcinomatous malady (happily arrested), wrote the foregoing from a sick-bed in one of the hospitals in Chicago.

Recovering partial health, after a previous prostrating illness, he attempted to resume practice in Painesdale, but found his strength inadequate. From Painesdale, in 1927, he wrote that he had been attempting to obtain data for this history and referred to Dr. Webster of the Soo, who can "best furnish the history of that end of the Peninsula."

He added that Houghton County had "always been a leading section of Northern Michigan and has had some very prominent physicians—able, self-reliant men."

He had been told that "Reginald Fitz, the great Boston physician, had a clerical position in Ontonagon County before he was a doctor," and that Mr. H. C. Parke of Detroit, who founded Parke, Davis and Company, was once in charge of one of the mines north of Calumet.

After removal to Hinsdale, Illinois, he wrote of the trial he had experienced in leaving a position which he had filled for twenty-three years, of banquets given in his honor by the county society and by local people, of presentations, and a memorial read by the general manager of the mining company with which he had been connected, of a Sunday morning when the officials and mine bosses came to bid him adieu—all of which cannot fail to interest his former confreres in the profession of Michigan by whom he is so highly esteemed.

One living in bandit-ridden Michigan in 1929 when crime is attributed to demoralization from the late war, and when, instead of coöperating to check it, people are content with philosophizing about it, will be interested in the following extract from "War Time in the Copper Mines" (Civil War):

> "The demoralizing effect of the war during the earlier periods was observable even in the remote mining districts. There was the impression that the country was ruined; that a broken and dissevered Union would ultimately become a fact. The foreign portion of our mining populace were seriously affected: their conduct became restless, insolent and aggressive. They refused to work steadily: they drank deeper than ever and their fighting propensities became ferocious. They seemed to delight in all kinds of lawlessness. Perhaps they entertained the idea that they were soon to become masters of the country through the weakness of the American government. Be that as it may, brutal outrages for a time prevailed. The most peaceful and unoffending were waylaid, assaulted and so cruelly

> treated that many died. Law-abiding men armed themselves with revolvers and constantly stood on guard. It was dangerous to go out at night. There was nearly a reign of terror. At the mines, the officers organized a secret military society, and in some closed upper room they were frequently drilled in the manual of arms. Before the close of navigation, as a precautionary measure, we had had fifty muskets sent to us, which were secretly stored.
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> "At the mine under the management of the writer, a portion of the men finally became utterly lawless, and regardless of their own interests they, for some reason known only to themselves, threatened to burn the stamp mill and destroy the inmates. They actually made a demonstration one Sunday evening, but the superintendent of the mill was prepared for them. He barricaded the doors and windows; he provided his force of twenty men and boys with missiles in the shape of selected copper rock; he got up steam and attached the hose to the boilers, proposing to treat his assailants with copious discharges of hot water and steam. The rioters, warned by the writer of the ample preparations made for their reception, failed to attack the mill. This recreant conduct deprived the superintendent of the pleasure of testing the merits of his hot water defensive appliances.
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> "But time fails me to give other examples of the riotous conduct of those besotted men. The uncomfortable winter of 1861-1862 in the mines will never be forgotten by those peaceful citizens who were cooped up there and had to face the music *nolens volens*."[8]

One Dr. Crucial of Negaunee was highly successful in a non-professional line in counterfeiting "iron money" that "for many years formed so large a part of the circulating medium in most of the counties of the Upper Peninsula."[8] On this "money" in the form of drafts above ten dollars a two-cent revenue stamp was required. The Jackson Company stamped not only the large drafts but the smaller as well, which magnanimous act led to discovery of the counterfeiting.

Mr. S. N. Bronson of the Jackson Company used a monogram, S. N. B., in cancellation, the counterfeiter, "S. B." only, with a dot between letters. There were several thousand dollars, in the bogus paper, issued and the discovery having made "amateur detectives of everybody," the source of the counterfeits was traced.

Fortunately for the doctor and his two accomplices, although the evidence of guilt on their trial in court was conclusive, Judge O'Grady took a "most surprising view of the whole matter." (The reader should be reminded that this was in an early day—Civil War time—and the public was impressionable and capable of surprise over strange court decisions.) The judge charged the jury that "under a decision of an English court in the reign of George III, it was not counterfeiting or forgery to imitate a thing called money if it were not money, and he directed the jury to acquit without leaving their seats, and the prisoners were discharged."

This episode is recorded as a highly unusual instance of any luck in court on the part of a physician. The writer *supposes* he was a medical doctor from the designation "Dr.," but has been unable to verify the supposition. He might have been a doctor of laws or philosophy or, perchance, a D.D. "Crucial" test of his standing is lacking.

"In the ordinary intercourse of the Indians with Mr. Johnston at his residence at St. Mary's he was their adviser, physician, and friend. And his disinterested conduct on many occasions led them to perceive that he had placed his claims to their friendship on higher grounds than the mere prospect of gain. His house was the resort of the needy Indian and Canadian.

" 'And every stranger found a ready chair.' He possessed an active coadjutor, in acts of charity, in Mrs. Johnston, the daughter of Wabojeeg, whose kindness and practical benevolence were in full unison with his own. He always kept in his dwelling a full supply of medicines, which he administered gratis to all who applied. He used the lancet freely in cases of pleurisy. . . . Although he had made no professed study of medicine, his practical knowledge, aided by books of reference, was respectable; and when the surgeons of the United States Army afterwards came to be placed in his vicinity, they deemed several of his modes of practice judicious."[8]

Dr. Abram S. Heaton (1828-1882) was born in Loudon County, Virginia, the son of a physician. He was graduated in 1850 at the University of Pennsylvania. Before graduating he was engaged as physician at the Northwest mine, L. S., and later at the Cliff Franklin and Pewabic mines. He came to Detroit in 1869 and took over the practice of Dr. Armor. He was appointed to the professorship of Clinical Medicine in the Detroit College of Medicine shortly before his illness, but was unable to continue in the position.

"Dr. Cornelius R. Agnew once practiced in the copper country, but, owing to a disagreement with his superior, he walked out of the country, and afterward became one of America's foremost oculists and the moving spirit in the Sanitary Commission during the Civil War."[7]

"Then there was Dr. Joseph O'Dwyer, who, as a young man, clerked in a store in this city [Ishpeming] and who afterward became a professor in a New York college and invented and perfected the operation of intubation."[7]

Dr. A. W. Hornbogen of Marquette furnishes the following sketch of Dr. William Wilson French, who practiced for many years in the eastern part of the Upper Peninsula.

He was born in Cherry Valley, Prince Edward County, Ontario, July 7, 1838, and died at his farm near Germfask in Schoolcraft County, March 30, 1900. He was a graduate of Toronto University and the Bellevue Medical School; first practiced at North Branch in Lapeer County, and then went to St. Ignace in 1881, where he practiced for ten years. During that time he took up 160 acres of land in Germfask township, Schoolcraft County. He practiced at Thompson, five miles from Manistique, for some years.

"Dr. John Knox Gailey, son of Andrew and Margaret (Burns) Gailey, was born at Sterling, New York, and at an early age removed with his parents to Birmingham, Michigan, where he attended the public schools, afterward entering the Michigan Agricultural College, from which he was graduated in 1874, with the degree of B.S. He later received the degree of M.S. from that institution. He began the study of medicine with Dr. D. O. Farrand at Detroit, and had the degree of M.D. from the University of New York in 1877. Following graduation, Dr. Gailey was appointed surgeon to the copper mines of the Minong Mining Company in the Upper Peninsula of Michigan, and retained that position for two years. He then spent thirteen months in the hospitals of Europe, principally at Vienna, Austria, where he took private instruction in general surgery. Returning to the United States in 1880, he located in practice at Detroit, Michigan, was almost at once made house surgeon and superintendent of Harper Hospital, and served in that capacity for five years. During his hospital service Dr. Gailey had the privilege of private work, and built up for himself a large and lucrative practice. He is at present [1898] visiting surgeon to Harper Hospital, to the Children's Free Hospital, in the organization of which he was a prime mover, and to the Home of the Friendless."[4]

He died in 1928.

Dr. Joseph Edward Scallon, born in Brooklyn, New York, February 25, 1853, was a student in the Classical College of Joliette, Quebec. In 1870 he joined the last detachment of volunteers who left Canada to join the Zouaves in the Pope's Army, but was prevented from leading the regiment by the fall of Rome in 1870.

He returned, studied medicine at Laval, Quebec, and Victoria, Montreal, was graduated in 1874, and located that year in Negaunee, where his first month's practice amounted to $1.50. In four months to January 1, 1875, he received $19.60.

He organized a coöperative association among woodchoppers for the mining camps, tramping through the woods on snowshoes on this errand; but the mines closed down, and, after a fifty cent payment by some of the men for one month, this venture was a failure.

Smallpox appeared at Negaunee and Dr. Scallon was placed in charge of the "pest house." For this service he received $150 in town orders, which his landlady refused to accept. Thereupon he moved to Hancock and soon "established a lucrative practice and has since built it up into one of the best in the country."

He was chairman of the Democratic Congressional and County Committee but "became a Republican in 1896 on the money issue."

He was a member of the school board in Hancock for fifteen years, and health officer for twenty-two years.[6]

"In honor of the forty-fifth anniversary of his beginning the practice of medicine, the Houghton County Medical Society Monday night tendered a banquet to Dr. J. E. Scallon of Hancock. It was given at the Onigaming Yacht Club and was in all respects a function that will be retained long in the memories of those in attendance. Thiry-five medical men of Houghton County, with a small contingent from Keweenaw and Baraga Counties, were seated.

"Dr. W. H. Dodge acted as toastmaster and toasts were proposed in honor of Dr. Scallon by Drs. Simon Levin, A. I. Lawbaugh, J. G. Turner, W. K. West, A. F. Fischer, P. D. Bourland and A. Labine. There was excellent music by Balconi's Orchestra, which won high praise from all who heard it.

"Dr. Scallon was last on the list of speakers, being called upon to respond to all the many encomiums that were showered upon him by his professional associates, old and young. In discussing Dr. Scallon's remarks, the physicians say he was never less witty. He was compelled to bear up under a load of praise and good wishes such as a modest man naturally would stagger under, and his remarks were keyed on a dignified note in consequence. He reviewed the forty-five years of his professional life, of the changes and developments of the practice of medicine, the advances in surgery, the discoveries, the revolutions, the steady advance of the profession throughout the world. He addressed himself for a time to the younger physicians with sage observations for their guidance out of the fruits of nearly half a century of striving toward their common goal.

"In every way the gathering was a success. The physicians of Houghton County feel that it was an inspiration to them."[3]

From the "History of the Upper Peninsula" the following information has been obtained:

Dr. James J. St. Clair (1822-1862) was one of the earliest settlers in the Upper Peninsula. He studied at Oberlin and was there graduated. He came to Lake Superior in 1851 as agent and manager of the Cleveland Iron Company. He was first supervisor of Marquette, explored mineral lands. He practiced medicine in Marquette; was sometime editor and proprietor of the *Marquette Mining Journal.*

Dr. H. W. Davis was born in Wisconsin in 1857. Following graduation at Rush in 1880, he associated himself in practice with Dr. Cyr of Ishpeming.

Dr. A. Des Jardins, born in Montreal in 1855, was graduated at Michigan University medical department in 1877, and practiced in Ishpeming and Negaunee.

Dr. J. C. Johnston, Deputy United States Revenue Collector of Negaunee, was born in 1828. He was graduated at La Porte in 1849 and Rush in 1875.

Dr. J. Van Deventer, surgeon for the Michigamme mine, a graduate of the University of Maryland and student at the University of Pennsylvania, located in Marquette County, at Michigamme, in 1873.

Dr. L. B. Taft, born in 1825, after graduating in medicine in 1857, came to Ontonagon and later to Marquette. He was physician to the Republic mine.

Dr. I. Freund, physician and surgeon for the Champion mine, a native of Germany, was a graduate in medicine of the University of Michigan. Before moving to Champion in 1879, he practiced at Marquette and L'Anse.

Dr. J. R. Humphrey was physician and surgeon for the Boston and Sterling Mining Companies. He was born in 1853; was a graduate in medicine, University of Maryland; moved to Lake Superior in 1881.

Dr. J. C. Hall "came on the river" (Menominee County) in 1839 and bought interest in a mill. The dam went out and he built another in 1844.

This "opened the way for the fish business . . . in the season when the fish were running, they caught great quantities with no other trouble than going out in the morning" with nets, and scraping them out of the river.

Dr. J. G. Turner (1856) was government physician to the Mackinac Agency, L'Anse; appointed in 1878.

"Surgeons Taylor and Motte were also here. The latter was accused of attempting to foment discord between soldiers and villagers" (Fort Brady). Charges were prepared against him. "The old surgeon enjoyed a card game called 'Rounds.' This name was ultimately applied to himself by both the soldiers and citizens."

Captain M. W. Wood, assistant surgeon United States Army, was post surgeon at Fort Brady in 1882.

Dr. Augustus E. Bacon, born in 1841, attended the University of Michigan in 1867 and 1868, came to Sault Ste. Marie in 1882. He held the office of health officer of the town and township clerk.

Dr. Thomas Carter, born in Canada, came to Sault Ste. Marie in 1881.

Dr. Orin B. Lyon, born in Buffalo in 1832, was for many years post surgeon and sutler at the post (Fort Brady); held office of clerk of the court and recorder of deeds.

Dr. Thomas Lining Gelzer, born in 1825, graduated at the Charleston Medical College, and settled in Mobile, Alabama. Three weeks after his marriage in 1878, "yellow fever, being then an epidemic in Memphis, Tennessee, he was sent by the "Can't-Get-Away Club" of Mobile to that doomed and stricken city to aid its suffering people. He remained there during the whole epidemic, and at the close was the recipient of a splendid gold medal with a complimentary letter acknowledging his services, from the Howard Association of that city."

On May 4, 1881, he settled at Escanaba, Michigan, and "was appointed United States Marine Surgeon, which position he now [1883] holds."

Dr. W. W. Mulliken, born in 1847, graduated at Rush in 1875 and located in Escanaba. He has held the office of county physician and member of the board of health.

Dr. F. J. Pommier, born in France in 1837, came to Escanaba in 1881.

Dr. John S. Livermore practiced in New York until 1830, when he moved to Oakland County; was appointed Indian sub-agent for the Chippewas of Lake Superior and the Upper Mississippi; moved to Marquette, where he practiced for three years, thence to Copper Harbor. He died in 1862.

The Emerald Literary Society in Hancock was formed through the efforts of Dr. P. H. Gallagher in 1874. Dr. Scallon was also a member. Dr. Gallagher came to America from Ireland in 1845, was educated in medicine at the University of Michigan and Iowa State University. He was assistant surgeon in the volunteer service in the Civil War and served with Sherman during his campaigns. He came to Negaunee in 1873, soon after moved to Michigamme, and in 1874 to Hancock.

Dr. A. Overfield, born in 1836, a graduate of the University of Michigan in 1870, located in Hancock in 1878. He was, in 1883, surgeon of the Huron mine.

Dr. Henry Tiedeman, born in 1835, a native of Prussia, served as post surgeon in Arizona, Colorado, New Mexico and Texas; was appointed physician to the Delaware mine in 1878; later practiced three years in Red Jacket, and, in 1881, moved to Hancock.

Dr. Henry Isler of Calumet, born in Switzerland, came to Detroit, Michigan, in 1854 and in 1858 moved to Hancock. He was an enthusiast on the subject of Lake Superior and its great mineral resources.

Dr. R. H. Osborn, born in 1823, was one of the pioneer physicians of the copper region; was surgeon to the national mine near Maple Grove; in 1858 became assistant physician and surgeon to the Calumet and Hecla mine, and, in 1874, senior surgeon. He was superintendent of the hospital and ably supported there (1883) by Drs. C. W. Niles and E. H. Pomeroy. He was for several years township superintendent of schools, and in 1877-1878 a member of the Michigan Senate.

Red Jacket had in 1883 "two doctors," but their names do not appear in the biographical sketches with the merchants of wines, liquors and other staples, of which there are three.

Dr. Frank E. Fletcher, Lake Linden, was surgeon to the Calumet and Hecla Mining Company (1883).

Dr. Isaac M. Rhodes, born in 1830, was surgeon, after 1854, successively to the Norwich mine, Ontonagon, Copper Falls, Central and other mines in Keweenaw County, the Franklin and Pewabic. He had "a passion for mechanical inventions," and received at the Centennial in 1876 the first premium for an improved surgical chair and splint.

Dr. Thomas Flanner, born in 1831, was "one of the very earliest of the pioneer physicians of Lake Superior." He was surgeon to the Minnesota mine, Ontonagon, from 1853 to 1864, then to the Quincy mine until 1870. He moved to Missouri, but returned to the Quincy mine in 1881.

Dr. John P. Mason, born in 1853, was "licentiate at the Quincy copper mine in 1878," and became surgeon of the Pewabic mine in 1880.

Dr. Alfred David, born in 1847 in Canada, accepted in 1879 the position of surgeon to the Atlantic mine, after five years' practice in Algonac.

"Dr. Jackson" (C. T.?), "Dr. Hussey" and "Dr. Avery" are all prominently mentioned in the mining history of Keweenaw County. The latter "took the decisive stand to deepen the mine and placed the money, with which it was to be done, at the disposal of the company."

The inference to be drawn from the latter fact is that he was *not* a physician, although he may have been.

As to Dr. C. T. Jackson, he "was employed to examine this location and reported several veins on the property." A stamp mill purchased in Detroit in 1845, the first on Lake Superior, proved unsuccessful—which reads more like the usual thing.

"The medical department of Keweenaw County consists of the physicians to the mines, who also attend to the citizens in their immediate vicinity. These gentlemen belong to what is known as the allopathic school."

Thus and no more as to physicians until arrival at "Delaware." En route, however, one may notice that the Knivel Brewery, established in 1855 at Eagle River, has a capacity of 1,200 barrels per year.

The large increase of force at the Delaware mine gave Dr. Thomas D. Bradfield, born in 1843, in the copper country after 1869, "an exclusive practice."

"Albert Lawbaugh, M.D., physician and surgeon to the Phoenix and St. Clair mines," born in 1844, who came to Lake Superior in 1871, "is justly classed among the best skilled in his profession on the Upper Peninsula."

There's no gainsaying this and appreciative comment might also have been made concerning:

W. H. Solis, M.D., born in 1852, who became, in 1878, physician and surgeon of the Allouez, Wolverine, Ahmuk and Centennial mines. He practiced for a time in Pontiac, then moved to the Lake Superior country and was employed in various mines, among them, for nearly two years, one on Isle Royale.

A letter removed from the base of a flagstaff reinforced in 1869, reads that on May 25, 1835, there were present, among other officers of the Twentieth Infantry Regiment at Fort Mackinac, "Assistant Surgeon George F. Turner, U. S. A."

The following named officers of the United States Army have served at Fort Mackinac:

1796—Thomas Farley, Surgeon's Mate
1802—Francis LeBarron, Surgeon's Mate
1810—Sylvester Day, Garrison Mate
1817—A. T. Crow, Hospital Mate
1819—W. S. Comstock, Surgeon's Mate
1819—J. P. Russell, Post Surgeon
1821—W. Beaumont, Post Surgeon
1825—R. S. Satterlee, Assistant Surgeon
1827—E. James, Assistant Surgeon
1831—Robert McMillan, Assistant Surgeon (Medical Department)
1833—Charles S. Frailey, Assistant Surgeon (Medical Department)
1833—George F. Turner, Assistant Surgeon (Medical Department)
1836—Erastus B. Wolcott, Assistant Surgeon (Medical Department)
1841—H. Holt, Assistant Surgeon (Medical Department)
1843—L. H. Holden, Assistant Surgeon (Medical Department)
1844—J. Byrne, Assistant Surgeon (Medical Department)
1845—C. C. Keeney, Assistant Surgeon (Medical Department)
1846—J. Martin, Assistant Surgeon (Medical Department)
1849—J. B. Brown, Assistant Surgeon (Medical Department)
1850—C. H. Lamb, Assistant Surgeon (Medical Department)
1854—Joseph B. Brown, Assistant Surgeon (Medical Department)
1856—John Byrne, Assistant Surgeon (Medical Department)
1858—John F. Hood—or Head, Captain
1859—W. A. Hammond, Captain, Medical Department
1860—A. Hartsuff, First Lieutenant, Medical Department
1862—C. W. LeBoutillier, Assistant Surgeon, First Minnesota Regiment
1870—S. S. Jessop, Captain, Medical Department
1872—W. M. Notson, Captain, Medical Department
1873—C. Carvallo, Captain, Medical Department
1874—J. V. DeHanne, Captain, Medical Department

1877—P. Moffat, Captain, Medical Department
1879—G. W. Adair, Captain, Medical Department
1882—W. H. Corbusier, Captain, Medical Department

Among the wardens or presidents of the borough or village of Mackinac since its incorporation in 1817, appears the name of Dr. J. R. Bailey, 1874. He was present at a meeting in 1881, which effected reorganization of the Mackinac Protestant Association under the name of Trinity Episcopal Church Society of Mackinac. He was employed as government surgeon at Fort Mackinac in 1854; was appointed assistant surgeon of the Eighth Missouri in 1861, and was promoted rapidly for meritorious service; has been several times post surgeon of the Island; has held many of the town and county offices; has been instrumental in bringing about favorable legislation for the Island, and for the National Park development.

Dr. Albert H. Steinbrecher was born in Detroit, was employed in the drug business at the age of sixteen, attended Detroit Medical College in 1875-1876 and from 1878 to 1881, when he was graduated. He came to St. Ignace in 1881; was there pension examiner, town health officer, school inspector, railroad surgeon and county physician.

Dr. J. A. Des Jardins, born in 1829, was graduated from Victoria College in 1852, and came to Marquette in 1872.

Dr. M. L. Hewitt, "capitalist," if you please, born in 1807, "remembered very distinctly the battle of Plattsburg." He was graduated at Castleton in 1832. In 1854 he came to Lake Superior, preempted and bought land. He gave little attention to his profession, but was prominently identified with land, mineral and railroad interests.

Dr. John F. O. Dowell was graduated at the Hahnemann Medical College, Chicago, in 1839; was likewise ordained in the ministry, and since 1873 engaged in practice of medicine and teaching at Ishpeming.

Dr. A. Holmboe came to the United States after graduating in medicine in Christiania in 1881. He located in Ishpeming.

Dr. Reuben H. Osborne was born in Bloomfield, Ohio, June 27, 1923, was graduated from Western Reserve in 1849, and moved to the Upper Peninsula in 1852. He held various township offices and was senator from the thirty-second district, 1877-1878.

Dr. Frank M. Hess, born in 1848, took charge of the Chapin mine in 1881 and later the Norway mine as attending physician.

Dr. Levi J. Kimball, born in 1840, was graduated in medicine in Detroit in 1873, took charge of the Spurr mine for six years, then established a drug store and medical practice in Norway.

Dr. William A. Lemire, born in Nicolet, Canada, April 23, 1877, was brought by his parents, when three months old, to Michigan. He was educated in the Houghton public schools, St. Viator's College of Kankakee, Illinois, and the College of Physicians and Surgeons, St. Louis, Missouri. He located at Garden, Delta County, and three years later at Escanaba. He was county physician for seven years and was surgeon to St. Francis Hospital, Escanaba.

He was two years secretary and two years president of the board of education; was mayor in 1912. He represented Delta County in the legislature of 1917-1918, and was senator from the thirtieth district, 1919 to 1922.

"Dr. Clarence H. White, physician and surgeon and for twenty years identified with the oil industry in Southern California, died yesterday [October 10, 1928] at his home, following a protracted illness.

"Dr. White leaves a widow, Anna M. White, and a son, Floyd G. White.

"Dr. White, who was a pioneer physician and surgeon practicing in Northern Michigan in the seventies, later organized a medical school in Grand Rapids, Michigan, and came to Los Angeles in 1907 and organized the Lakeview Oil Company.

"Dr. White afterwards was president of the Lakeview No. 2 Oil Company and the Interstate Oil Company.

"He was descended from a family of physicians and educators and both his father and mother came from families who settled at Plymouth, Massachusetts, in the seventeenth century.

"Hanging over the fireplace in his home is an old flintlock firearm used by his great-great-grandfather in the French and Indian War and was later carried by the same soldier on the retreat from Concord and through seven enlistments in the Continental Army during the Revolution.

"Dr. White had the first microscope ever used in Northern Michigan, and during his practice in that state he traveled many times from 50 to 150 miles on horseback to attend patients, and performed many operations by the light of tallow candles in the backwoods sections."[5]

"Dr. W. A. Von Zellen of L'Anse died April 11 [1928]. He was a native of Baraga County and was born in Skanee. After his graduation from the University of Michigan he began practice in L'Anse and had since resided there. He had been a member of the Michigan State Medical Society since 1912. He is survived by his widow and one son."[3]

"The Upper Peninsula Medical Society began its lusty life twenty-two years ago," said Dr. E. H. Webster, welcoming guests from the lower Peninsula to the annual meeting in August, 1915, at Sault Ste. Marie. "It was," continued Dr. Webster, "at a time when medical society meetings were extremely rare in these parts; its continued growth as evidenced by ever increasing interest in its meetings is a source of much gratification, and our Chippewa County Society wishes to thank heartily those whose names appear on the program for their prompt, loyal and generous response."[3]

The presidential address of Dr. J. G. Turner of Houghton at this meeting dealt largely with the surgical work of Dr. Reed of Cincinnati who was at that time enthusiastic over colon operative procedures in epilepsy. So deep an impression was made upon Dr. Turner by Dr. Reed's successes that one cannot, he says, "but feel that he is possibly upon the eve of a new era in discovering the cause and treatment of this most frightful disease."

"Who were the wheel horses of the early days," inquires the venerable Theodore A. Felch—himself a veritable wheel horse in the profession—and adds, "I count myself fortunate indeed to have had the friendship of some of them. May I mention Sager, Palmer, Ford, Wells, of Ann Arbor; Pitcher, Farrand, Noyes, Jenks, Heaton of Detroit; Foster (Pratt?) of Kalamazoo; Camp (De Camp) and Griswold of Grand Rapids, Northrop, of Marquette and Fuller of Houghton. Certainly a goodly array of sainted names."

Dr. Felch continues, "Dr. Abram Sager was our family physician, and many was the time I rang his night bell to summon him in haste. The recollection of his kindly face bending over me when as a youth I was desperately ill with typhoid fever remains with me still, as do several scars in my right iliac region made by the vigorous counter-irritation."

His cry for water, "a pail full, a barrel full" was met by his sister with the reading of some doggerel—

"More water, more water, said Michael McWhorter,
I'm as dry as a withered old stump
And I verily think I this moment could drink
To the bottom of well or of pump."

Whereat both the patient and Dr. Sager were mightily pleased, and the former got his drink.[3]

Dr. Felch found this jingle useful many times in later years with his "dry" clients.

It was withal a most interesting meeting although the predicted dawning of a new era in Epilepsy was fated to be indefinitely postponed. Among the striking titles was "Observation of Three Thousand Five Hundred Ninety Obstetrical Cases" by Dr. George G. Barnett of Ishpeming, eleven of which were of "placenta previa" (two deaths); twenty-eight illegitimate (.8 of one per cent); two labors in one year (sixty cases); two pairs of twin girls in one year and twelve days; one case of triplets; nine cases of puerperal convulsions (one death). Deaths total 19 (.5 of one per cent).

By Dr. A. I. Lawbaugh of Calumet there was given a paper on "Syphilis of the Liver Imitating Cirrhosis," and by Dr. H. M. Cunningham of Marquette on "Bronchoscopy and Esophagoscopy."

"What were you doing with tacks in your mouth?" inquired Dr. Cunningham. (His patient had this notion while sleeping.)

"I didn't have any tacks in my mouth."

"Then what makes you think you had one in your throat?"

"I can feel it."

"But why do you say it is a tack?"

"I know what a tack feels like, don't I?"

"You do with your finger tips, but not with your throat. All that you could say would be that you felt something sharp."

Dr. R. C. Winslow of Sault Ste. Marie read on "Mesenteric Chylous Cyst," Dr. A. S. Kitchen of Escanaba on "Dislocation of the Semilunar," Dr. F. C. Bandy of Newberry on "General Paresis" and Dr. E. H. Campbell of Newberry on "Usefulness of the State Hospital."[3]

Thirteen years later:

"The [31st] annual meeting of the Upper Peninsular Medical Society was held at Newberry, Wednesday and Thursday, August 1 and 2. The registrations numbered sixty-one. The scientific sessions were held during the afternoons. The papers were of excellent quality. They will constitute the contributed articles of a future number of this Journal. Among those present not residents of the Upper Peninsular were Dean Hugh Cabot of the medical department of the University of Michigan, Dr. George McKean, Dr. C. F. McClintic of Detroit, Dr. H. E. Randall, president of the Michigan State Medical Society, Dr. Guy L. Kiefer, commissioner of health, Lansing, Michigan; also the editor of the Michigan State Medical Society Journal."[3]

The meeting was held under the presidency of Dr. E. H. Campbell, superintendent of the Newberry State Hospital, Newberry, Michigan.

A number of valuable papers were read at this meeting, among them those of:

Dr. C. F. McClintic of Detroit on "Neuro-Surgery of the Vegetative Nervous System" (illustrated);

Dr. John T. Kaye of Menominee on "Hypertension;"

Dr. A. J. Carlton of Escanaba on "Auricular Fibrillation;"

Dr. S. Lojacono of Marquette on "A Complication of Pulmonary Tuberculosis and its Treatment."

Dr. McClintic writes:

> "The fundamental facts which form a basis for the application of surgery to this system, are these: Practically all of our therapy for diseased conditions is directed towards the vegetative nervous system. By it we endeavor to produce blood pressure changes; e. g., ischemia, hyperemia; increase or decrease gastro-intestinal motility; increase or decrease secretions; increase or decrease the heart rate; to lower fever; relieve pain, et cetera, and these changes can only be produced by drug or physical therapy which influences the vegetative nervous system.
>
> "But there are a great many conditions due to involvement of this system which do not yield to drug therapy, or if they do they require the continuous use of drugs. For some of these, surgical interference offers permanent relief."

Declares Dr. Kaye:

> "High blood pressure is not a disease but a symptom of many diseases of different pathology. High blood pressure being compensatory, there is no medicine to lower it unless it is in itself dangerous. Thus there is no specific for high blood pressure, and even no single treatment for it. In general it may be stated that there is a certain low limit of high blood pressure beyond which the systolic pressure may be lowered only by upsetting the cardio-vascular balance to the detriment of the myocardium and transforming the case from one of compensated high blood pressure to one of cardiac insufficiency. Any lowering of systolic pressure which does not cause a change or is accompanied by a rise in the diastolic pressure means a weakening myocardium and is of ominous significance. Where the diastolic pressure lowers with the systolic pressure the prognosis is better.
>
> "There should generally be a sharp reduction in the total amount of food taken. The amount of restriction should be based on the physical type, habits and general activity of the patient in question. Most of them over-eat absolutely. The total daily intake of protein in a person in normal health may be stated to be 90 gms. There is advantage in restricting the daily protein intake in hypertensive cases to below this amount. In severe renal

cases the protein should be restricted to 50 or even 40 gms. daily. We may be more liberal in the vascular than in the renal cases, especially if there is a fat or carbohydrate intolerance. More boiled meat may be allowed than broiled, for the animal extractives raise blood pressure. Cereals, green vegetables, fruits and starchy articles should make up the bulk of the diet. Coffee and alcohol should be forbidden.

"A strict milk diet is not suitable as a continuous diet in high blood pressure . . .

"Physical therapy may be employed as follows: Tepid sponge baths and showers for the angiospastic and sclerotic; cold sponge baths and douches for the plethoric type. Carbonated baths as well as massage may be employed in all cases. The gentlest exercise, such as walking, may be prescribed for the sclerotic; moderately active exercise, such as horseback and golf for the angiospastic type; more violent forms, such as gymnastics, running or swimming for the plethoric. High frequency is useful in angiospastic, but of doubtful value in sclerosis, and no value in plethoric.

DRUG THERAPY

"Iodine and iodides are useful in plethora, of moderate use in angiospasm and dangerous in sclerosis.

"Uric acid solvents may be used to advantage in plethora. Sedatives and hypnotics are useful in all cases at different times; diuretics in cardio-renal cases; purgatives in all cases; amyl nitrite and nitro-glycerine in anginal attacks. The other nitrites are of doubtful efficacy and are actually toxic to heart muscle. Venesection is useful in emergencies in all cases."[3]

In Dr. Carlton's opinion:

"Auricular fibrillation is a disturbance in the regulating mechanism of the heart in which the normal systole of the auricle is replaced by a fibrillary or twitching action of the musculature, the auricle remaining in continuous diastole. In the normally acting heart the impulse originates at the sino-auricular node, situated at the junction of the superior vena cava with the right auricle; from there it spreads in a wave-like motion over the auricle to stimulate the auriculo-ventricular node and cause ventricular contraction.. In fibrillation the action is quite different, the impulse following what is called a "circus movement" around the mouths of the superior and inferior vena cava. The impulse travels at a rate of about 450 revolutions a minute and follows a very irregular path, due to the fact that it is necessary that it find muscle fibers that have recovered from the preceding stimulus and are again receptive to stimulation. The auriculo-ventricular node is unable to transmit all of this rapid-fire of impulses and the result is a rapid and irregular action of the ventricle. The effect from the failure of the auricle to contract is not in itself appreciable, for normally the auricle propels only about one-eighth of the blood flowing into the ventricle, the remainder entering it because of a difference in pressure. The effect on the circulation from fibrillation is due almost entirely to the increased rate and irregularity of the ventricle.

"Fibrillation may be permanent or transient, the great majority of cases being permanent. Between 60 and 70 per cent of the cases of heart failure have this disturbance, and of the various disorders of the heart-beat 40 per cent are of this type. Mitral stenosis is the condition most frequently found associated with fibrillation, and next in frequency comes chronic myocarditis. Hyperthyroidism is often the underlying cause, but here the fibrillation is usually of the transient type. It may also occur in the course of various infections, particularly with pneumonia and rheumatic fever. Also, it may at times appear in an apparently healthy individual in whom no heart disorder or other disease is discoverable. The age incidence shows the affection in the non-rheumatic group to be mostly in those of advanced age, while in the rheumatic group it is more often found in the third and fourth decades."

In one case he "found it quite essential first to remove all or as much as was possible of the pleural exudate through the needle provided with a stop cock, then to inject."

"It is with intense satisfaction that I see my patient ready to go back to a useful life . . .

"In the treatment, rest, diet and drugs are all important. If the rate is not over ninety at the apex with the patient at rest, and there are no symptoms of heart failure, it may only be necessary to limit the physical activities of the patient. If the heart rate is rapid and there are signs of circulatory failure, with edema and hypertension, the patient should be kept in bed, drug therapy instituted, and be put on the Karell diet for from two to seven days. This diet gives a low proteid and low salt intake. After edema is removed the patient should be limited to one liter of fluid intake a day and kept on a low proteid and low salt diet. The confinement in bed should be prolonged for some time after the symptoms are relieved.

"We need consider only two drugs in the treatment of fibrillation, digitalis and quinine. Digitalis is the safer."[3]

The "complication" of which Dr. Lojacono writes is that of empyema:

"In the light of our present knowledge of the different stages of pulmonary tuberculosis, our procedure in treatment, even in advanced cases, would be plain, were it not for the complications. Empyema is one of such complications, always dreaded because of its stubbornness in responding to treatment. Though, fortunately, not often found, its presence usually makes the prognosis unfavorable. One sees in sanatorium work patients with pleural fistulas of several years duration following attempts with surgical treatment. These patients achieve a certain improvement in their general condition under the general hygienic-dietetic treatment of the sanatorium, the fistula ceases draining for a period, and then, with no appreciable cause, general discomfort returns, the pleural sac refills, and the fistula reopens with pus draining. This condition repeats itself, sometimes for years, until a mixed infection, with concurrent cachexia terminates the case.

THE DIAGNOSIS EASY

"Tuberculosis empyema is usually due to breaking down of contiguous tuberculous foci. Diagnosis is easily made by a physical examination with aid of the X-ray and of the laboratory. We all know the physical signs: lack of expansion of the chest where the effusion is lodged, this hemithorax being larger than the opposite side, widening or bulging of the intercostal spaces, absence of tactile fremitus, flatness on percussion over the effusion, with change in the area of flatness with change of position of the patient's chest, tympanism above the level of the fluid, absence of breath sounds in the area of flatness, displacement of the heart to the opposite side.

"Fluoroscopy and X-ray plates will show clearly an area of heavy density with a fluid level and the displacement of the mediastinum. An exploratory puncture will show the nature of the exudate. It may be sterile, may contain only tubercle bacilli, or these with other microörganisms. It may only contain lymphocytes or show many polynuclears. This seems to be very important for the prognosis: a mixed infection and the predominance of polynuclears has a more serious prognosis.

WATCHFUL WAITING ADVISABLE

"The orthodox treatment of tuberculous empyema is that of watchful waiting. Tapping of the chest usually makes conditions worse. This can be easily understood: the removal of the fluid removes also the mechanical compression of the diseased lung, with following reactivation of the lesions and increased toxemia."[3]

At the County Secretaries Conference reported in the *Journal of the Michigan State Medical Society* in June 1928, valuable suggestions were given by Upper Peninsula members:

"Dr. Warnshuis: We have a little over 300 members in the Upper Peninsula. The geographical location of that portion of Michigan makes contact with these fellow members very difficult at times, but I am very glad that we have represented today a couple of the counties from the Upper Peninsula. I wonder if Dr. Redwine, of Luce County, would let the boys know how deep the snow is up at Newberry.

"Dr. Redwine: The question I want to ask is how a fellow can get rid of this job when he once gets it. Before I came to the state I had the pleasure of having this job for eight years in the Missouri Medical Society, and I thought when I left there I left the job. Just as soon as I landed in Michigan I took it up again.

"I guess we have the smallest society in the state organization. We have 100 per cent membership and 90 per cent attendance at each meeting we hold, which is probably as good as you will find anywhere. That is due to the fact that one physician always has to remain on duty at the hospital, otherwise we would have 100 per cent attendance. There are ten members and they all attend but one who has to stay on duty.

"We solve the problem of the meeting simply by designating one individual and saying to him: 'You are going to take care of this meeting tonight. You and your wife are going to furnish the dinner.' We load in our cars and drive to his house at six-thirty, and he is afraid not to have something ready. As a result we have a good dinner. After that we have our program, and we always find it convenient to tell the lady that undoubtedly that was the best dinner ever served to the county medical society. When we are ready to pass on to the next one, she wants to outdo the other. For two years we have got by with that. I may have to get something new, but it has worked for two years.

"In addition to our other duties we have taken on the Upper Peninsula Medical Society, which is a local organization founded, I think, by Dr. Hornbogen of Marquette. It has been meeting for thirty-one years. This is the thirty-first annual meeting. The Luce County Medical Society has agreed to take care of this meeting on August 1 and 2. If you folks will put on your old sunbonnets and bring your fishing tackle, we will be glad to have you come and see us. I think the snow will all be off.

"Dr. Frankline: Gogebic County is the farthest possible county from Detroit. It is at the point where Michigan almost touches Minnesota. It is famous mostly because it borders on the Wisconsin town of Hurley that you have all heard about.

"This very geographical situation causes our greatest difficulty as a county society. We find that our men turn out very well and are highly interested if we can get outside men of known ability to come up there and talk. We are so far removed that the expense of anybody coming from Chicago, Milwaukee or Detroit is out of the question. We often hate to ask them and we can't always afford to pay their expenses. That is our problem—how to get men up there who are willing to go at their own expense or to raise the money to pay them.

"One thought suggested itself to our members, that we take a vacation in winter and have our meetings throughout the summer when many of the men from Detroit, Milwaukee and Chicago might be willing to drive up and make a little vacation trip out of it. We may put that through. I don't know how it will work.

"Our men are interested if we get a good outside speaker, and they will almost all turn out. Our physicians are in the majority contract men, mining doctors who do both surgical work and internal work. That, of course, raises the question that was raised here a little earlier in the afternoon about the necessity of fighting social medicine. There is one thought that always comes to me in that connection which I am going to spill at this time and then sit down. One big feature of social medicine that is particularly objectionable is the interference of the laity in the practice of social and state medicine. If social and state medicine were entirely in the hands of physicians and controlled by them, I don't think it would be nearly so pernicious. Why, then, shouldn't the physicians make it a point to take more interest in the organizations that are formed, and serve on their boards of directors and control them? I have been more or less in public work myself and on a public salary a good part of my life, but being the son of a physician to whom ethics was a religion, I have always tried to hold up that end of it. I have been impressed by this fact very strongly, that the pernicious things that are done by lay health organizations are due largely to the fact that the physicians will not take any interest in them. In organizations in which they do take an interest, in various tuberculosis societies that I have intimately known, where four or five physicians of the community have taken an active interest and served on their board of trustees, in child health associations and other lay organizations of that kind where the physicians have shown an interest, they have not gone very far off the track, because the presence of one or two physicians on any board of directors or in any organization, who will assert themselves and express the view of the physicians of the community, will usually dominate the situation, and the laity will, as a rule, not go against their wishes and their opinions.

"I think one of the ways to prevent social medicine from going into obnoxious channels is for the physicians to take a more active interest in these organizations which will continue to form, no matter what the medical profession may do."[3]

In a philosophical paper given to the Michigan State Medical Society at Houghton in 1916, Dr. F. McD. Harkin truthfully says:

"Mr. Little Old Appendix, in ambush all the time,
Keeps his finger on the trigger that may make your
life sublime"—

and among agencies "to meet the onslaught of so many varied and powerful antagonists" there is necessary the employment of all legitimate means of exploiting the truth regarding fake medical nostrums from "oxydonor" tin-tubes to Christian Science adumbrations of the spirit—which latter cult with its ostrich-like head-in-the-sand nescience, never seems to recognize the limitations of the basic centuries-old fact, that faith and a cheerful spirit are but factors and not always essential in numberless therapeutic measures that are positively indispensable.

Also—that "as a provocative cause of envy, malice, jealousy and hate—and therefore of enmity—is Mammon-worshipping, or desire for great wealth, which, limited to no one nation or individual, but possessed in varying degrees by all, is perhaps one of the greatest enemies of the peace of the world—for it breeds the festering sores of commercial jealousy and economic rivalry."[3]

Dr. E. T. Abrams of Dollar Bay, who died May 21, 1918, was a charter member of the Houghton County Medical Society; has been a member of the state legislature and state board of health; was an esteemed member of the medical profession.[3]

Dr. Walter R. Hicks (1865-1920) of Menominee was past president of the Menominee County, Upper Peninsula, and Fox River Valley Medical Societies.

"An epitaph of love and tenderness is written in the hearts of everyone within the broad field of his life work."[3]

Dr. William Elliott (1867-1921) of Escanaba, a specialist in diseases of the eye, ear, nose and throat, was sometime president and for a number of years, treasurer, of the Delta County Medical Society.[3]

"At the January [1928] meeting of the Chippewa County Medical Society, the following officers were elected: President, Dr. T. R. Whitmarsh; vice president, Dr. I. V. Yale; secretary, Dr. F. C. Bandy; delegate to the State Medical meeting, Dr. F. H. Husband; alternate, Dr. G. A. Conrad."[3]

"The regular monthly meeting of Marquette-Alger Medical Society was held on March 16, [1928], at the Morgan Heights Tuberculosis Sanitarium, the society being guests of the trustees and superintendent of the sanitarium. Dr. E. R. Van der Slice of Lansing, and Dr. J. W. Toan of Portland, specialists in diseases of the lungs, and representatives of the Michigan Tuberculosis Society and Michigan Trudeau Society, conducted a diagnostic postgraduate chest clinic which was continued throughout the day. A splendid dinner was served at noon to about fifty, during which time short addresses were given by Dr. Paul Van Riper, of Champion, chairman of the Morgan Heights board of directors; Dr. E. R. Van der Slice of Lansing; Dr. J. W. Toan of Portland, and Mr. Walter F. Gries, county commissioner of schools and secretary of the Marquette County Tuberculosis Association, who spoke on 'Tuberculosis from the Layman's Point of View.' The dinner was followed by a short business meeting.

"The clinic was thoroughly enjoyed by those present and all feel that these clinics, which are so helpful, should be continued.

"The April meeting of the society will be held in Ishpeming, at which time Dr. I. Sicotte of Michigamme will tell us of his experiences in European clinics.—Russell L. Finch, M.D., Secretary."[3]

At the meeting of the Gogebic County Medical Society November 9, 1928, a "resolution was passed expressing sympathy for Dr. and Mrs. W. C. Reineking concerning injuries sustained in an automobile accident which occurred on their way to the tuberculosis convention at Lansing. Dr. Reineking is the secretary of the society."[3]

At a meeting of the Dickinson-Iron County Medical Society in April, 1918, resolutions of respect were adopted to the memory of Dr. Elisha P. Swift, who had been "summoned to answer 'The Long Distance Call' for which we all wait."[3]

Dr. Carl F. Moll of Flint, an influential member of the Genesee County and Michigan State Medical Societies and of the American Medical Association (delegate 1925 to 1930), president (1930) of Hurley Hospital Medical Board, formerly on the staff of the Mines' Hospital, Ishpeming, has responded to a request for reminiscences and historic data concerning Upper Peninsula medical men and medicine. Portions of the matter assembled have in other form already appeared or are in manuscript for publication. *See* Volume I, Chapter VI, Chapter VII, Page 187 *et seq*, also Chapters VI and XII of this volume.

An attempt has been made to avoid duplication, but one striking item contained in Dr. E. H. Webster's excellent sketch of Beaumont is as follows: "One who knew Mrs. Beaumont at this period of her life (at Fort Mackinac, 1821) states that she was noted for her rare personal beauty and irresistible charm of manner which were enhanced by her gentle 'thee' and 'thou' of speech."

It seems eminently worth while a century later to make record of the above appealing attributes although suggestion therefrom is not necessarily constructive. All depends on how one looks at and listens to it. Speaking will doubtless continue loud and barking, if not distinct. Self-expression will obviate the necessity for employing any archaic personal pronoun, "beauty shoppes" are conveniently located, and lipsticks may be obtained at any chain drug store.

To Dr. Moll and his collaborators the History Committee expresses sincere thanks. It is no less than painful to abbreviate manuscripts.

For example, the learned and revered Dr. T. A. Felch of Ishpeming relates in an interesting manner the story of the settlement of a small number of people "at the site of the city of Marquette" and pays respects to the ever alert lumber interests that began "ruthless slaughter" of white pine trees "towering to great heights with enormous girths and few branches. Denuded lands were abandoned and reverted to the state."

The iron and furnace men, wealthy and grasping, who came next, bought immense acreages and formed large mining corporations. Physicians were found necessary and appointments of these were made by "the Captain," a highly educated business man, perhaps related to some of the incorporators or on suggestion of his subordinate, the mining captain. Early appointees were for the most part well educated, middle-aged men who took their responsibilities seriously and served acceptably. In later years came younger men, recommended by professors in medical schools. Their ambitions found a fertile field of instruction and the general medical and surgical training was ideal for the many who subsequently entered upon special work elsewhere. Later, opportunities for local medical men without mining connection appeared, and friction resulted due to "contract practice." Officials authorized the engagement of a resident physician for miners and their families and the deduction from monthly wages of one dollar per man. Eventually as population increased the system became archaic and unfair, and "lent itself" in the opinion of Dr. Felch "to all manner of graft and private resentment." Its advantages were "all in favor of the companies." It enabled them to "keep their organization and equipment going at full speed, for few men would work in a place where no doctor was to be had. Again, it saved them untold annoyance and pecuniary loss, by preventing law suits brought for surgical negligence, untoward results of accident, since a capable doctor was always on hand. Moreover, all this was accomplished at a trifling expense to the company."

It "tended to reduce the practice of medicine to mere routine work; it prevented medical competition which all physicians need to keep their minds alert. It was destructive of the morale of both physicians and community, and always it was the physician who bore the burden. It was a wasteful system naturally, since having paid in advance they would not hesitate to call the doctor for the most trivial things day or night. The doctor's office hours would be crowded and all kinds of medicines would be dispensed, mostly on a snap diagnosis.

"A boy asked a waggish doctor for some castor oil for his father. 'My son,' said the doctor, 'does your pa want it for his old boots or his new boots?' 'For his new boots," said the truthful boy. Similarly I have known of the doctor giving a patient slightly ill, a pint of whisky and once when he was compelled to amputate a leg he furnished the man an artificial leg."

"In the nineties the attention of the State Medical Society was attracted to the subject. This Society had looked askance at all forms of contract practice. Members did not object so much to the fact that this was a form of contract practice, as they feared that the conditions might be used by the companies as a club to lower or to prevent raising the laborer's wages. On the other hand they did insist that in the interest of efficiency and responsibility the practice of medicine must not be cheapened or commercialized, that physicians so engaged by the companies should receive compensation equivalent to that received by a physician in private practice for similar work. That plan was followed."

For certain work regarded as being outside of the implied contract the physician was permitted to make his own charge, for collection of which the mine officials assumed no responsibility. Thus the treatment of all venereal diseases was extra; a fee of five dollars might be collected for an obstetrical case. If the doctor was trained in eye, ear, nose or throat work, he collected for such work and also for certain surgical operations.

The income from these cases while very acceptable was really a matter of minor importance to the doctor since the "exaction of such practice was out of all proportion" to the compensation therefor. In one year in Ishpeming, with about 8,000 people, there were 400 cases of typhoid fever. Diphtheria was present every winter, more or less, with a high mortality, as this was before the days of antitoxin.

"The use of gunpowder for blasting purposes was the cause of many casualties. Fall of ground in the mines produced fractures of all kinds and railroad accidents were many. The fecundity of these communities was remarkable, as is attested by the records of several who had practiced in one town for thirty years, with a record of 4,000 or 5,000, or more, obstetrical cases each. These things are mentioned so that in reading, as we do often now, of the passing of the 'family physician' we may visualize what manner of man he was in this region, surgeon, physician, obstetrician, nurse, etc. But one must add that when a patient required a specialist's attention, in an eye injury or certain diseases, he was sent at the company's expense to one of the large cities."

"For many years there was no effort to get the physicians of the Upper Peninsula together in an organization. One must remember that this was really a pioneer country; that the settlements were few and far between; the distances were magnificent and inhabitants few; the roads poor and the climate severe. The physicians met each other on such rare occasions, that they scarce became acquainted.

"In one location would be one physician with a clientele of two hundred men or more. It would be impossible for him to be absent for more than two or three hours, for sickness or accident was liable to call him at any minute. It became possible after the locations grew to be places of hundreds or thousands of people and the medical services called for employment of five or six doctors. When that point was reached in the year 1896 Dr. B. D. Harison of Sault Ste. Marie and Dr. Samuel Bell of Newberry issued a circular letter to all Upper Peninsula physicians, to meet in Marquette to talk over the matter of organizing an Upper Peninsula Medical Society. This meeting was largely attended by men from all sections of the district. Great enthusiasm was manifested and then and there was organized the Upper Peninsula Medical Society.

"This society exists today in all its youthful vigor." In it developed the idea of the monument to Beaumont which was later erected with the coöperation of the State Medical Society.

Some years later (1902) in the reorganization of the State Medical Society into councilor districts the Marquette-Alger County Medical Society became a unit.

"This society also exists today in vigorous form and has always, with one or two exceptions, had on its roster the name of every eligible medical man in both counties."

To certain conclusions of Dr. Felch as to contract practice Dr. Moll takes exception. He writes:

"What he says about Marquette County will apply to all of the Upper Peninsula counties in which mining, whether iron or copper, was the chief industry. I do not think, however, that he has been entirely fair in his picture of 'contract practice.' While the men on the outside have generally regarded it as unfair competition they were obliged to admit that under no other circumstances could the community be as well served medically as under this plan.

"In order to induce competent physicians to locate in the wilderness and together with their families bear the brunt of pioneer life, they were obliged to make the financial rewards large enough to assure steady income a certainty. Otherwise, it is doubtful if enough of the proper type of medical men would be available. After taking over the work it was to their advantage to keep the men and their families in good health. Illness made more work and more overhead expense to the company doctors. Hence company doctors made good health officers. The miners and their dependents in turn received better care and treatment than under ordinary circumstances. They consulted their physicians early and thus in many instances avoided, if uncared for until late, a serious illness. A physican felt free to make as many calls as he saw fit without being accused of running up a bill. It did not tend to reduce the practice of medicine to routine work, but it gave the willing student free rein to study and observe his patients under most favorable circumstances. And it is to the credit of practically all these men who were ever engaged in this practice, that each year found them more proficient and better equipped to carry on their work.

"The mining companies early recognized that it was to their interests to have their men always enjoying the best of health and in case of illness or accident that their period of disability should be of the shortest duration possible, and in order to accomplish these things it was necessary to establish and equip hospitals and to see that they were properly manned and maintained."

Reminiscences and Historical Data Concerning Upper Peninsula Physicians

By Carl F. Moll, M.D., Flint, Michigan

GOVERNOR CHASE S. OSBORN is authority for the statement that the hospital at Sault Ste. Marie established in 1822 was the "first regularly equipped" in the State of Michigan.

Dr. Beverly D. Harison (*See* Page 420, this volume) came to Sault Ste. Marie in 1888 and engaged in practice. Among other tributes to this highly useful physician is that of Dr. Walter L. Bierring of Iowa, who refers to him as the "Father of Medical Legislation" and writes:

"The prominent place that the Michigan Board [of Registration in Medicine] has always maintained in promoting higher ideals of medical legislation and licensure was largely due to the initiative and energy characteristic of its learned and accomplished secretary."

Dr. George G. Barnett came to Ishpeming, Michigan, February, 1878, and worked for F. P. Tillson as head pharmacist for four years. He was graduated at Rush Medical College and returned to the Ishpeming Hospital in 1886 as one of the hospital staff. There he remained until 1921, then was appointed full time city health officer of Ishpeming, which position he still holds.

Barracks, Fort Wilkins, 1845

Dr. John H. Andrus came to Ishpeming Hospital in 1887. He was a graduate of University of Michigan medical school and assistant to Dr. Frothingham, the well known eye specialist. In 1912 he left Ishpeming to associate himself with Dr. H. W. Sheldon at Negaunee Hospital. There he remained, doing the same class of mining practice as at Ishpeming, until 1926, when he engaged in private practice. He is still busy and successful.

Dr. George J. Northrop located in Marquette, Michigan, in 1867, and practiced successfully and skillfully until his death in 1889. He was especially interested in surgery, but also a much loved and respected "family doctor." He was a graduate of Columbia Medical College, class of 1864, was at once appointed assistant surgeon of First Maine Cavalry and served until the end of the war. He was for several years chief surgeon of the Duluth, South Shore and Atlantic Railway.

Fort Wilkins on Keweenaw Peninsula was built by the United States Government about the year 1845 to protect early settlers from attacks from the Indians and invasion of Canadian cousins. After the Civil War it was occupied by troops of the regular army. Dr. John S. Livermore (*See* Chapter XII) located in Marquette in the fifties and later was lessee of Fort Wilkins and surgeon to mining companies in the neighborhood. He died in 1861.

Among the early medical men form Houghton County were Dr. Flanner, surgeon of the Quincy mine during the Civil War, Dr. Abram Heaton, Dr. E. H. Pomeroy, chief of the Calumet and Hecla staff, and his associates, Drs. Simonson, West, and Jacob Wendell Clark.

DR. LIVERMORE'S OFFICE, FORT WILKINS

The latter in charge of the eye, ear, nose and throat department of the Calumet and Hecla Hospital was the author of a novel, "In the Sight of God," containing a charming description of Cornish, Finnish and French-Canadian folkways—which furnishes setting to his main theme, the laws of heredity.

Drs. H. M. Joy, Bourland and Simon Levine were also members of this group.

Of another group Dr. Lawbaugh (president, Michigan State Medical Society, 1909) was the chief. He was graduated from Long Island College Hospital and came to the copper country when young. He was idealistic, competent and energetic and won for himself a high professional place. With him were the keen students and able surgeons, Drs. Rodi and W. T. S. Gregg.

Dr. Neil S. Macdonald, a graduate from the medical department, University of Michigan, located in Rockland as mine physician. Eventually he became chief of the Quincy Mining Company's medical service; is now (1930) in charge of the Veterans' Hospital at Fort Snelling, Minnesota.

Fireplace from Burned House, Fort Wilkins

Of Dr. Romulus S. Bucklen of Baraga, for years councilor from the twelfth district, many tales are related of surgical skill under adverse conditions. He has been U. S. Agent for the Chippewa Indians.

Dr. Frank Marshall, of Pequaming, Michigan, who entered the army as a first lieutenant in the Medical Corps in June, 1917, was promoted to be captain in France, in September.

Dr. Orr of Lake Linden established the Lakeside Hospital in 1884 and organized the first training school for nurses in Houghton County. He was a member of the board of supervisors for several years.

Dr. Robert B. Harkness of Houghton has been a member of the State

Board of Health for many years, and has done much constructive work in lines therewith connected. He was chiefly instrumental in establishing the branch laboratory at Houghton for the Department of Health.

Records of physicians of Ontonagon County were destroyed by fires in the nineties.

Dr. E. T. Abrams of Dollar Bay was one of the dynamic men for which the copper country is noted. He was schoolmaster, lay minister, orator, and a highly successful gynecologist and surgeon; a sometime member of the Michigan legislature.

One of the well known earlier men was Dr. George McElveen, a Virginian, who was a noted pistol shot as well as a resourceful surgeon. He was at one time called to a distant lumber camp and on arriving there after a long tramp on snow shoes found that his patient had been unable to void his urine for twenty-four hours. Having lost his pocket case in which he carried a catheter he doubled a strand of hay wire, twisted it spiral, bent it to the proper curve, lubricated it with soapy water, introduced it into the man's bladder. Great relief came as the urine slowly dribbled out.

Dr. W. B. Hanna has been located at the mines for over thirty-five years, and is still in active practice.

Dr. A. L. Swinton, formerly of Ontonagon, is now located in Marquette.

Dr. J. S. Nitterauer was for many years located in Ontonagon, and held the office of county poor commissioner.

Dr. Frederick Larned, who afterwards became one of the leading pediatricians of Grand Rapids, laid the foundation to his future success at Rockland when he was surgeon and physician to the Michigan and Adventure copper mines from 1898 to 1910.

Dr. E. J. Evans and Dr. F. H. McHugh have both been identified with active medical practice in and about Ontonagon for more than thirty years. They have both served their county society as president and are the leading medical men at the county seat.

Dr. Edward Andre Florentine, of Ewen, son of one of Saginaw's pioneer physicians, Dr. Frank B. Florentine, holds the unique position of serving a larger territory in a medical capacity than other men in Michigan. He makes professional calls in Ontonagon, Houghton, Baraga, Iron and Gogebic Counties, and he has practiced in this territory for more than twenty-eight years. Before the days of good roads, to accomplish this meant walking, skiing, snow-shoeing, travel by horseback, hand cars, bicycles, railroad velocipedes, freight trains, passenger trains (when in luck), row boats, motor boats and automobiles. His work will be done under pleasanter circumstances in the future as he is contemplating the purchase of an aeroplane. His work has always been characterized by efficient service cheerfully rendered, even under the most trying circumstances. He served in France during the World War and left the service with the rank of major. He is one of the few real pioneer physicians still in active practice in the state.

A French Canadian midwife once paid him this tribute: "I'm like Dr. Florentine, I don't know much but I do the best what I know how."

For a number of years during the early days of the lumber industry the citizens of Menominee County were dependent upon the doctors from Marinette, Wisconsin, just across the river, in case of illness or accident. But as the community grew there was an influx of medical men, adventurous spirits, but on the whole a very high type.

Dr. John Hicks was an outstanding figure in this bustling sawmill town in the late seventies. His Prince Albert coat and silk tile did not fit into the picture with the long haired, unshaven lumberjacks dressed in their many bright colored mackinaws, "stag pants" and spiked boots, as they walked down the sawdust-covered streets, past saloons whose doors were never locked. Yet the very difference in his aristocratic bearing, his calm demeanor under all circumstances made him a loved and honored physician among his people.

Bluff, blustering Dr. Byron Taylor was a contemporary of Dr. Hicks. Entirely opposite in every particular, from their schools of medicine to their manner of dress, these men, in spite of all, were warm friends and did much to put the practice of medicine in Menominee County on the high plane it has since occupied.

Dr. Walter Hicks, distinguished son of Dr. John Hicks, became associated with his father in the middle eighties. A courtly gentleman, a well trained physician, Dr. Walter Hicks for many years occupied a foremost position in the ranks of the medical men of this section. He early in his career became interested in military affairs and was a medical officer in the Michigan National Guard for a great many years.

Dr. B. T. Philips was another distinguished physician of this time; a civic leader, an accomplished surgeon, he left a revered memory in the minds and hearts of his people.

Dr. Emil Grignon, born and educated in France, had all of the polite attributes of a French gentleman, with a well trained tenor voice which he used generously to entertain his friends, and no gathering of this kind which he graced with his presence was ended without the rendition, in his Caruso-like voice, of "The Marseillaise."

Of good Dutch ancestory came Dr. Henry A. Vennema, now the dean of the medical profession of Menominee County. He has witnessed the various transition periods that have taken place not only in a commercial but in a medical way. When he first located there a physician's chief source of income was from typhoid fever, diphtheria and smallpox, diseases that, thanks to the medical man, are now but rarely met, and it is largely his type of medical man that has made these things possible. A great lover of horses, especially the trotting horse and pacer, he was ever an ardent supporter of the "sport of kings" and in those early days no turf event was quite complete without the Vennema colors occupying a conspicuous place.

Drs. Calvin Elwood and Robert A. Walker have long been prominent in local medical affairs. They are men who have helped make medical history, and are still very active in their special fields of labor.

As for years the largest village in Menominee County was Stephenson, so by all standards was its leading medical man Dr. Edward Sawbridge, a general practitioner of the finest type. A man who has always taken active part in organized medicine, a man who has by study and postgraduate work kept abreast of the times, a man who has always been a civic leader. Serving as president of his village, on the school board and as president of the local bank, he has never been too busy to respond at any and all times and under all conditions to the call of his clientele in their time of need.

Dr. Charles J. Ennis has been in practice at Sault Ste. Marie for forty years and holds high place in professional and public esteem. He was born in Dublin, educated at Belvedere College, graduated from the Carmichael School of Medicine and College of Surgeons in 1874. He practiced his profession in connection with the English Colonist service (in Western Australia principally), resigning therefrom in 1882. In the following year he came to Sault Ste. Marie.

He is known for charm of manner, geniality and delightful wit. At the State Medical Society meeting at Petoskey in 1905, as one of the reception and entertainment functionaries he found himself in embarrassment through dearth of bathtub facilities for guests. He was equal to the emergency, however, and received the complaint of the wife of a doctor in Detroit with the explanation that all the bathtubs had been preëmpted by Dr. J. B. Murphy of Chicago for use in preserving pathological specimens in pickle. Quite naturally he found it desirable to take to tall timber after the report became current, but the hotel bathrooms were speedily unlocked and made available.

Returning for the inevitable banquet he revealed that Petoskey was the Russian term for "hot potato."

Dr. Tracey came to Escanaba, Delta County, in the seventies as surgeon for the Chicago & Northwestern Railroad, when extension was made to that point. Many tales have been handed down of his skill, kindness and devotion to patients.

Dr. C. E. Booth succeeded him. He was the first president of the Delta County Medical Society organized in 1898. This society has been active for many years and has numbered in its membership Dr. W. A. Lemire, sometime state senator and at present member of the State Board of Registration in Medicine.

Dr. Augustus Cochran MacKenzie was an early physician of Marquette County. He was descended from a long line of physicians, his father and grandfather having been graduated from the Royal College of Physicians of Dublin. He was born in South Carolina in 1840 and in 1860 was a student at Long Island College Hospital. That year, still an undergraduate, he enlisted in the navy as assistant surgeon; was with Admiral Farragut's command, on the sloop Lackawanna, at the capture of Mobile. He was graduated the following year; practiced in Utica for two years, became surgeon of the Iron Cliffs Company of Negaunee. He came to Escanaba in 1869 by boat from Buffalo, had great difficulty in landing with his equipment and was then necessitated to drive and walk a distance of seventy miles to Negaunee over primitive and difficult roads. At his destination, in the midst of a blinding snowstorm, he established his office and began an active and exacting practice. He was a keen observer, diligent student (his work in cancer research has been quoted by Senn), had the finest medical library in Northern Michigan. He was of courtly manners, and despite heroic treatment greatly beloved by patients. In after years he was surgeon to the Cleveland Cliffs Iron Company, Republic Iron and Steel Company, and other corporations.

Associated with Dr. MacKenzie, in 1890-1891, was Dr. E. H. Mellich, an exceptionally brilliant young man, whose untimely death was greatly deplored.

A pint of a favorite prescription of Dr. MacKenzie, equal parts of tincture of opium, spirits of camphor, aromatic spirits of ammonia and compound syrup of rhubarb, cured a lumber camp population of one hundred and twenty-five, of colds, for an entire year.

Another of his dependable remedies was a compressed lozenge containing 10 grains of compound jalap powder and one-half minim of croton oil. This combination was known as the "Lake Superior Quickstep."

He was a sportsman and fisherman, and did not omit vacations, but nevertheless "died in the harness" at the early age of 56.

Numerous physicians of French descent have practiced in Marquette County.

Dr. Bosseau, a relative of Dr. Des Jardins, who came in the early nineties as an assistant to the late Dr. Louis D. Cyr, had learned English from a French-English dictionary. When a colleague remarked upon the dearth of illness and quiet times he responded philosophically, "Oh yes, but I love ze tranquillity."

The resources of Dr. Cyr, health officer of Negaunee, and of all local physicians were greatly overtaxed by an epidemic of smallpox in 1873, and assistance from Detroit was summoned.

Dr. Frederick L. Hirschman, father of Dr. Louis J. Hirschman, gave valuable aid. When the epidemic finally subsided, having become favorably impressed with the country, he decided to remain and opened an office in Republic; was a successful mine surgeon for ten years, an associate of Drs. Taft and Duckett. He moved to Norway in 1883. Three years later he lost his life in an accident.

Dr. John O'Falvey, born in Ireland, was the type of soldier of fortune. He served as surgeon in the Crimean War and to receptive and responsive audiences was accustomed on occasions to narrate surgical operations on the field of battle in minutest detail. He was sometime member of the Canadian House of Parliament; came to Marquette in the nineties and practiced there until his death.

Dr. John H. Hudson, who had been an interne in Cook County Hospital, came to Negaunee in 1891 as assistant to Dr. C. S. Lombard, then surgeon for the Jackson Iron Company and Schlesinger Syndicate mines. He was a daring surgeon; is credited with doing the first appendectomy in the Upper Peninsula. He had a large practice, was several times mayor of Negaunee. He was drowned in 1904 in Escanaba River.

Dr. H. M. Haskell was a devoted and self-sacrificing physician. When he located in Palmer in the late eighties, as surgeon to the Volunteer and Pittsburgh and Lake Superior Iron Companies' mines, typhoid fever was endemic and nurses were not available. Not content with making three to four calls daily—or nightly, he gave baths and performed the function of nurse. His successor found in his office no less than a dozen lanterns.

He was later appointed chief surgeon to the Quincy mine at Hancock.

Dr. Isaiah S. Sicotte of Michigamme is the only surgeon in the Upper Peninsula honored by the *Croix de Guerre* for distinguished service in the World War.

The following excerpts and abstracts are from biographic sketches furnished by a former confrère, Dr. T. A. Felch of Ishpeming, which space limitations forbid publishing in their entirety.

The life of Dr. Joseph Vandeventer, born in Virginia, was full of adventure and these adventures commenced when he was very young, fourteen to be exact. The little town in Virginia near where he lived is named Leesburg, Loudon County, forty miles from Washington. At the beginning of the Civil War in 1861 all military activity was centered in a few Northern Virginia counties. In fact the place where the battle of Ball's Bluff was fought is only about eight miles from his home, and here he got his first view of actual war. A day or two after the battle, he gazed from the top of the bluff to the level place along the banks of the river where for some distance the ground was blue from the uniforms of the Federal dead, who had either been shot in battle or were forced over the bluff. One day, fifty years later, he and I were driving into Leesburg. Just outside the town he stopped the horse and, with a reminiscent chuckle, said: "Do you see that mud hole in the road? It was more than fifty years ago when one day on my way to school on horseback I came upon a company of soldiers who were trying to get a large cannon out of that hole. I stopped to watch them work; an officer came up and said, 'Say, boy, that looks like a pretty good horse. Get off a minute and let my man try him.' The man mounted and ran out of sight. 'I want my horse,' I said. 'Go on,' said the officer, 'you will never see your horse again,' and I never did."

For the first two years of the war that section of country was alternately in control of the Confederate and Federal troops. One day this boy was taking a barrel of cider to a relative some miles distant when he came upon a command of Federal troops. They, Michigan men, purchased the cider, paying a large price in wildcat notes.

After seventeen years of age he could not resist the urge to be a soldier and he joined, as did most boys in his neighborhood, a band of independent troops known in the North as "Mosby's Guerillas" whose intent and purpose was to "harm the enemy." They would be here today and there tomorrow; make a raid and disappear, always on the move.

A few miles outside of Alexandria, Virginia, is a building known as Falls River Church. One rainy night some of the command were ordered to reconnoiter in the vicinity. There was not a sound to be heard or a light to be seen anywhere. Suddenly from the building a couple of shots rang out and soldiers appeared. "We silently stole away in the dark."

Near one of the small towns was quartered a command of Federal troops, Mosby's being not far away. His spies had reported to him that in a certain house in the town were several attractive young ladies and every evening several of the young Federal officers were callers there. Mosby detailed a number, among whom was the doctor, to raid this house and capture them. The house was surrounded and the doctor stationed at the back door was instructed to shoot anyone coming out. When the raiding party entered the house the shooting commenced and a man promptly appeared running out that back door. The doctor shot and the man fell. After quiet was restored he found that he had shot one of his own comrades in the leg. The net result was that one Federal officer was killed, three were captured, and two Confederates wounded.

After many years here the doctor, tiring of the responsibilities of practice, heeded the persistent call to return to his first love—farming. He had studied modern scientific farming and has said that the study of diseases in the farm animals was as interesting as that of the human animal. On his farm was a beautiful bearing orchard, but one year it was neglected. As he and I were riding near this land he pointed it out and said that the man who owned the orchard was the d——est fool he ever knew. "Who owns it?" I asked. "I do," he said.

Dr. Vandeventer inherited all the traditions of the old time Southern planter. Readers of "Colonel Carter of Cartersville," by transposing the names, will have a comic picture of the man.

With a critically philosophical mind, widely read in literature and medicine, alert and responsive to all the duties of life, he was one among men whose memory will be cherished not only by individuals but by whole communities.

Dr. Townsend Heaton was connected with the hospital in Ishpeming for some years and then removed to the Saginaw mine location. Like Dr. Joseph Vandeventer, he was a native of Old Virginia and being cousins and about the same age, their records in the army during the Civil War were very similar, but Dr. Heaton served a longer time than Dr. Vandeventer. Both were in Mosby's command. These young men were influenced to come North by Dr. Abram Heaton, an uncle, of Hancock, Houghton County, who himself had left the South years before the Civil War.

It was through the influence of Dr. Abram Heaton, then of Detroit, that I was persuaded to come as his assistant at the Saginaw mine location.

He had told me that Dr. Townsend Heaton was a victim of tuberculosis and not able to attend to his practice. Within a year the doctor returned to his home state—Virginia—and in a few months died.

He was proud of his war record and very fond of relating escapades. He was small and very young at the time, but an excellent horseman, and what the novelist would call a dare-devil. In a raid a Federal officer, mounted on a fine horse, was captured, but for some reason or other the captors did not wish to hold him. They got up a horse race in which the prisoner raced against a soldier and won.

He did not stop but rode faster than ever right into his own camp. As this Federal officer was Dr. Heaton's personal captive he felt as if he had been cheated out of his reward—the horse—by a dirty trick, but he only got the laugh.

At one time he was courier to General Lee who wished to send a message to a commander in another part of the field. The horse of the first courier fell. Another was needed and the boy responded. The General said, "You saw what happened to that other courier. Are you still willing to take the orders?" "Yes, sir," said the boy. He rode through the shower of bullets and delivered them.

He participated in a raid on a treasure train which was derailed and surrounded. His share of the half million obtained was between $3,000 and $4,000.

He must have been in a hundred or more skirmishes and small battles, a thousand bullets must have whizzed past him, and still he was never hit by one. This style of fighting was often a hand to hand fight, shooting at close range; still he told me that honestly he did not know positively that he had ever killed a man in these fights.

After the war he studied medicine. All Heatons were doctors for generations, and his Uncle Abram Heaton took him up to the Quincy mine. Later he came to Ishpeming for a few years and then to the Saginaw mine. When we think of the flaming youth of this young man and then of the prosaic practice of medicine at a small mine location in a strange country, among a people hostile or unsympathetic to all he held dear, we may be sure that his mind would ever revert to the exciting events of his youth, and so in fact it did. The charge, the fight, the pursuit, the capture or the retreat in imagination was ever with him. There was no doubt in his mind of the righteousness of his cause, and to the end of his life he remained an unreconstructed and militant figure. He lived over and over again what to him was a glorious past. It was to him "an age of chivalry" and he, the plumed knight on his wild charger armed *cap-à-pie* to fight the enemies of his country. He feared no foe; he asked no quarter; he laughed in the face of death.

Bravest of the brave, generous to a fault, modest to a degree, may his turbulent soul find peace in the quiet of the grave.

Dr. Buell Smith Bigelow was born in Vermont, graduated in medicine when very young, and came at once to Marquette, at that time a very small village. The practice was necessarily far from lucrative, and when the opportunity was given him to come to Ishpeming to take charge of the men employed in the mines, he accepted this assurance of an income and plenty to do. Never, I venture to say, did a physician undertake a like work in as genuine altruistic spirit as did Dr. Bigelow this. Of this the respect and esteem which the rough miners of the early days gave him, was evidence.

An instance of how he prepared himself to meet his practice is told by his sister. He arranged with her that at any time at night after he was asleep she might ring the door bell and record the time which it would take to wake him up, dress and be ready to go out. That principle was in all his work, action followed close upon the thought. For some years he attended to all the work of the "camp" alone, and those were strenuous years, but as the town grew larger he associated with him an old school boy friend, the late Dr. W. T. Carpenter, then fresh from the surgical service of the Civil War. Together they attended the work, for many years employing other young men as assistants from time to time. Dr. Carpenter later took the medical care of the Chapin mine at Iron Mountain and Dr. Bigelow retired from the practice of medicine and removed to Chicago, where he died in his seventy-fifth year.

Dr. Bigelow was physically a small man, never in robust health, but full of energy and with an unconquerable will. At the outset of his career he showed his independence by repudiating the medical faith of his father, who was a homeopathic physician, which act in itself was no light thing to do in those days.

He undoubtedly owed much of his professional reputation to his ability and willingness to combine personal attention in the form of what might be called nursing with his medicine. At the time there were no nurses, no hospitals in this isolated country. The people lived mostly in log houses and the conveniences in cases of sickness and injury were few. Yet, with the ingenuity and application of the pioneer physician, he met the needs of the sick and injured in a satisfactory way.

The principle of his practice was simple, prompt attention, and plenty of it. Simple, to be sure, but hard for the present-day practitioner to follow, for the "plenty" spoken of is relegated to the trained nurse. Not for one instant would Dr. Bigelow think of visiting a critically ill patient but once or twice a day. Likely as not he would drop in every one or two hours in the day or any or all hours of the night, or perhaps stay there most of the time. Day and night were alike to him in his work. Rich and poor alike received the best he had to give.

In obstetrical practice especially did he excel; his small ladylike hands exceedingly skillful in manipulation, his untiring patience, his accurate knowledge of what to do and what not to do, and his large experience, made him a master of the art.

For many years he had been associated as silent partner in the general merchandise business of his brother-in-law. Thus his natural liking for trade was developed and the time finally came when he gave up his medical practice and became a member of the Board of Trade of Chicago.

At one time he had on the Board $100,000 of his own and a friend's money, and misjudging the market lost it all. At another time he "cleaned up" $50,000 in a fortunate movement. His subsequent financial history was one of ups and downs, mostly downs, and the final blow came as the European War broke out and caught him on the wrong side of the market, and as he said they cleaned him out "good and plenty."

Dr. Bigelow's philosophy of life was founded upon service to his fellow man. That he practiced all through his medical career. Nor did he forget the principle even after the commercial instinct drove him to trade. Here is a paradox. He dreamed of and labored to attain great riches, but his wants were few and tastes exceedingly simple; when he had money he spent it on other people, "generous to a fault," as the saying is. That he never attained to the financial heights he sought matters not; his enjoyment was playing the game and in this he was a good sport.

Personally, and I speak for all the other young men whom he took under his wing, I had the most profound respect for Dr. Bigelow's medical learning and medical practice, a high regard for his sterling qualities as a man and an undying appreciation of the good advice and kindly assistance given me in those early days. *Requiescat in pace.*

Dr. A. E. Gourdeau came to Ishpeming some thirty years ago, being then a man of family and having been engaged in practice for some years at Alpena.

He was born in Canada of French Canadian stock and so ingrained in his nature was the French motive, that he never did succeed in adapting himself to American ways or even to acquire much of the English language. He was much given to reading the older French novelists, as Dumas. He liked to follow the career of those gay, highly perfumed, armed and reckless courtiers, who loved the ladies and ran each other through with rapiers. He should have been born at the time such things were in vogue. Dr. Gourdeau was an old-fashioned doctor, and believed in giving doses to full effect. Calomel was his premier remedy and doses of 10 to 15 grains were common to him.

Once in a while we read of physicians who diagnose disease by the sense of smell, and he was one of these. Once being called to see a patient and meeting me on the street, he asked me to go with him. We went into a fair-sized room at the far end of which the patient was sitting. The doctor opened the door, took a few sniffs of the air and said, "Ah, smallpox," and so it proved to be. His sense of devotion to his patients was unbounded. I have known him to be called to an obstetrical case, perhaps by a false alarm, but he would stay there for several days.

While the responsibilities of life and medical practice sat lightly on his shoulders, Dr. Gourdeau was a man of many excellent qualities, a delightful companion, and one whose nature warmed toward his fellow man.

Peace to his ashes.

In a sense, Dr. Harry J. Hornbogen might be called the father of the Upper Peninsula and of the Marquette County Medical Societies. Certainly he was the sponsor and sustainer of them both when interest lagged. Most of us remember him at the first meeting of the Upper Peninsula Medical Society in Marquette. I believe he was secretary of that meeting and in all the years since, I never met him but that he had a funny story of that day's events. One I remember was this. One of the older doctors after he arrived at the hotel, failed to find the bar room. He was very thirsty and made inquiry. "What," he said to the secretary, "no whiskey? That is an unheard of thing. I have attended many meetings of doctors and always whiskey has flowed like water. Young man, send out and get us a jug of it." Soon there was plenty on tap.

Dr. Hornbogen was one of those men in whose veins flowed the milk of human kindness: one who delighted to meet a fellow practitioner and was always ready with his advice and help. I count it a fortunate thing for the Upper Peninsula Society that he acted for so many years as secretary. It was his tact, his sense of humor and his unfailing good nature which brought the society through some threatening events. That one who led as busy a life as Dr. Hornbogen should have been willing to give so much of his time to the affairs of the society speaks louder than words of his intense interest in medicine and medical men. Probably no man had a wider acquaintance with medical men of the Upper Peninsula. His pleasing presence, genial nature, hearty laugh and keen appreciation of wit and humor endeared him to all. His skill in his chosen specialty was a matter of common knowledge. Very noticeable was his endeavor to keep abreast of medical progress as his attendance upon lectures and clinics in the large cities and perusal of the latest books and articles testify.

It was on a stormy day in October, 1880, that I made my appearance in Ishpeming. The first day a man was killed instantly on the stock pile near Dr. Heaton's house. That gave me something of a shock and showed me what kind of work I must expect. A few days later he (Dr. Townsend Heaton) was called to an injury case at The Winthrop. He found a man with a dislocated hip, and not being prepared for the treatment he put him in bed at the boarding house and left, saying he would be down after supper with his assistant and reduce it. When I got home I found him much excited over the case. He had his surgical books down and read all about dislocated hips and how to reduce them. But he had a peculiar system, he would read a little and then he would take a bracer, with the result that after supper he was oblivious to the whole world and I had to go down alone.

I found the man with Lars Anderson, the shift boss, a big man with flowing blond whiskers like a Viking of old. He did not look pleased to see me. "Where's Heaton," he growled. I explained he was sick. "Well, what you going to do with that man?" "We will get him all right," I said. "Well, maybe." So I organized these men, showed each his place and what he was to do, put the man to sleep and commenced the manipulations. To my surprise the hip went in with a distinct snap heard by all, at my first effort, whereat there was much rejoicing and the boss said: "He ban one good feller." Thus my reputation was made with these men.

Dr. Heaton took me up to the Lake Superior office to meet Mr. C. H. Hall, the agent. We had a very pleasant chat and finally he said I will give you the same advice I have given other doctors—don't stay too long, because this ore occurs in lenses and when we have taken all the ore from one lens we must find another. The time is coming when we won't find another and this country will return to a wilderness. Don't stay too long." After all these years I believe that Mr. Hall's advice was correct and I certainly bore it in mind for future action, but I never acted. On the other hand, his reason for such advice was, as we know now, absolutely wrong.

The spring after I came, Dr. Heaton decided to move to Virginia. When I asked him why he was going he said something about "rats deserting a sinking ship." Then I found out that the Saginaw mine was about to close and I would be out of a job. When it actually did close Dr. Bigelow asked me to come to Ishpeming and work for him, which I did. After a year or two Captain Samuel Mitchell, who was agent at the Saginaw mine while I was there, told me he was about to take charge of several mines in Negaunee and asked me to take over the medical work. Soon afterward came an invitation from Dr. Pomeroy to join the medical staff of the Calumet & Hecla Company. This hospital was then Bigelow and Harwood. Soon intense friction arose between these two men and it seemed to me whoever won I might be left out in the cold. Moreover, I was just about to be married and I was worried. I told Dr. Bigelow all about my dilemma. As it turned out he dissolved the partnership with Dr. Harwood, who went to Tower, Minnesota, with Captain Bacon. He removed to Chicago and the business fell to Dr. Joseph Vandeventer and myself.

The following review of the life of Dr. Louis D. Cyr is from the pen of Dr. W. S. Picotte:

Dr. Louis David Cyr, whose name recalls to memory the typical pioneer physician and surgeon, was born in Lower Canada, December 25, 1833. When eleven years of age he entered the classic department of St. Hyacinth College, from which he graduated in 1851. The following year he took up the study of medicine in the College of Physicians and Surgeons in Montreal, receiving his degree from that institution in May, 1856.

He immediately located at Lacolle, Quebec, where he practiced about one year. After that time, he yielded to the inducements of Dr. D'Avignon, removed to Sable Fork, in the State of New York. As near as could be ascertained he practiced in that town for fifteen months.

At that time almost fabulous stories of the wealth and future of the Lake Superior regions, occasionally reached the East. Dr. Cyr, accompanied by a few daring companions, set out for this land of wonders, and after traveling about three weeks, partly by land and partly by water, finally reached what was then known as the village of Marquette.

There he formed a co-partnership with Dr. St. Clair, with whom he practiced a short time. Foreseeing the future and the coming growth of the Marquette district, the doctor severed partnership with Dr. St. Clair and came to Negaunee, where he afterwards made his permanent home.

Being an exceptionally skilled surgeon he soon gained a reputation as such, not equalled in this region at that time, and he also built a remunerative general practice. By appointment he became physician to the Jackson, Palmer and Rolling Mill mines and also for the MacCumber, the Bessemer and Cambria Iron Companies.

During the following ten years or more, it may be said that he experienced great hardships. He made regular visits to the Iron Cliffs location and many long and perilous trips as far south as Menominee and north to Copper Harbor.

Traveling facilities being then very limited, walking was generally the lot of men. While responding to distant calls, the doctor would pick his way through woods and almost impassable swamps, across meadows and over hills, carrying with him such necessities as a medicine and surgical case, a lunch bag, a gun, and, in the winter, snowshoes and blankets.

In his medicine case, the doctor, in accordance with therapeutics then in vogue, carried such drugs as opium, tartar-emetic, a favorite of his, calomel, quinine, senna leaves, fly blisters, mustard, leeches, a scarificator, etc. He also made decoctions from various plants, such as sarsaparilla, golden seal, and wintergreen, which were plentiful in the neighboring woods.

He is known to have successfully performed several delicate surgical operations practically unassisted and under very unfavorable environment. Instruments of precision, such as we now possess, were then unknown, but by close observation and experiment, he had become a renowned diagnostician. In his treatment of fractures and limb injuries, he showed ingenuity as evidenced by appliances original with him and in the description of which he took great interest. In obstetrics he used the obstetric slippers, connected by adjustable straps to wooden handles. The pair he used was made by a Negaunee shoemaker under his personal direction.

The sturdy inhabitants at that epoch, often, through boast or superstitious dread, refused anesthetics. This compelled the doctor in many instances to cause what he well knew to be unnecessary pain, but he unhesitatingly proceeded. He believed that when a patient was in a faint, that then was the time to act and to act quickly.

Dr. Cyr was not large in stature, but had an exceptionally rugged constitution. He was apparently tireless in the care of his many patients and took great interest in the business development of Negaunee.

Realizing the need of a drug store in the grown-up settlement, he established one on what is now Iron Street. This, with the addition of various lines, soon developed into a general store which, for many years, was considered the trading center for the mining district. Photography being then a comparatively new art, the enterprising doctor opened a gallery, which was generally patronized. This was also followed by the addition of a stock of jewelry.

With the expansion of business came the need of more room. Considering his original frame building too small, he erected the first brick structure in the town. This still stands at the corner of Iron and Cyr Streets. He was also a member of the L. A. Marsell and Company dry goods establishment.

For many years Dr. Cyr was foremost in the business and social affairs of the locality and he took keen interest in politics. In the early sixties he was appointed to the office of postmaster, which he held during eight or ten years.

The picturesque homestead built by him on the street which bears his name was the most attractive and comfortable of its time. The surrounding grounds with their saplings as planted by him formed a veritable forest, in the beautifying of which he took great pleasure.

On January 31, 1865, Dr. Cyr was married to Miss Florence M. Watson, who died in Chicago, December 10, 1886. There were three daughters of this union.

With the increasing population and the opening of other mines which brought more work, came the realization of his heavy burden and its effect on his robust constitution. He secured the services of an assistant, and henceforth took annual recreation. He made several trips to Chicago, Philadelphia and New York, in the interest of his clientele, spending weeks in the different leading hospitals and always returning with exact knowledge of the newest methods. Each time he brought with him many late books and new instruments. He was a subscriber to the leading American and European medical journals of his time, which he read diligently.

About the close of the seventies, he secured valuable homes in Florida and California, where he occasionally went to seek rest and renewed vigor.

Being a true sportsman he was a firm lover of nature and took great delight in hunting and fishing. He erected and maintained a camp at Cyr, in the vicinity of Little Lake, not far from the Northwestern tracks. It was there that he often went for outings, particularly after he became physically inactive. His death occurred at his home in Negaunee on Sunday, March 27, 1904.

Dr. Cyr was helpful by reason of broad learning; sympathetic because of his keen understanding of humanity; attentive, through love for his profession and untiring devotion to his patients. Blessed with an unpretentious nature he was never spectacular, but willing to let his deeds speak for him.

By pioneer residents of Marquette County he is yet spoken of with kindest expressions of appreciation for his many acts of charity.

He has helped in the building of the county; he showed the path to other fellow practitioners, developed trade, erected structures, improved roads and planted on virgin soil.

It is most regrettable that space limitations forbid the publication of the "Early Medical History of Gogebic County" by Dr. E. H. Madajesky of Ironwood. Excerpts therefrom just sufficient to stimulate the readers' curiosity and ensure a demand for its publication in full in the *Journal of the Michigan State Medical Society* follow:

Dr. A. E. Anderson came to Ironwood from Iron Mountain about 1892, entered practice and operated a drug store.

"He was politically inclined and soon associated himself with the radical element of the town. He was elected mayor. The election that year was fought on graft charges of the party in power and was very bitter. Things quieted down, however, and he gave the town a fairly good administration.

"Shortly afterward he moved to Minneapolis."

Dr. John C. Yates, a Rush graduate, settled in Ironwood in 1897 as assistant to Dr. J. K. Nevin and upon his death succeeded him.

He practiced in Ironwood until 1906 when he moved to San Diego, California, and is still there in active practice.

Dr. John R. Moore, a pioneer physician, was born July 12, 1850, at Sullivan, Wisconsin.

He attended Chicago Medical College, from where he was graduated in 1873 and later became an interne at Mercy Hospital. He practiced at Stoughton and New London, Wisconsin, for a few years. In 1886-1887 he was surgeon with Dr. J. A. McLeod for the Norris and East Norris mine at Ironwood. He was in New London from 1887 to 1890, when he returned to Ironwood to take charge of the medical work at the Aurora mine. Later he formed a partnership with Dr. John C. Yates when the various mines belonging to the newly formed Oliver Iron Mining Company were consolidated. He continued practice in Ironwood until his death, November 14, 1909.

He served for several years on the county board of supervisors.

He was very fond of horses and a familiar figure at county fairs where there was any racing. His drug store was always a meeting place for horse lovers, and he himself owned a string of horses.

Dr. Moore was tall and erect, of sandy complexion and bore a military appearance. It is said of him that he usually wore a Prince Albert suit and he must have had quite an assortment of different colors as the conventional black was worn only on certain occasions.

During the time he was in active practice he devised a splint which was quite universally used by the local physicians of the time in fracture of the thigh.

Dr. J. H. Eddy, another pioneer physician, after his graduation from Northwestern University in 1886, located at Wakefield. It is said of him that he really is the man who alone for years covered more territory than any other physician in the county. His trips extended from Watersmeet to Bessemer. He was always willing to minister to the sick, day or night, regardless of the weather or the remuneration.

During his residence in Wakefield he was president of the village board and school board.

He died in California about three years ago and to perpetuate his memory the citizens of Wakefield named a beautiful park (Eddy Park) in his honor.

Dr. J. H. Urquhart was born in Ispheming and when very young came to the Gogebic range with his parents.

Early in life he attracted the attention of the range people because of his willingness to work at odd jobs. He was apprenticed to Drs. Thomas and McCabe, who operated a drug store. Later he decided to take up the study of medicine and entered Rush Medical College in 1892, graduating therefrom in 1895. He practiced in Ironwood and in Wisconsin for a while; then took up eye, ear, throat and nose work in which he was wonderfully successful as he was adapted to the work and was a natural surgeon. He studied a few months in Vienna and was the first physician on the range to specialize in this work.

He was a convincing talker and an inspiration to the old as well as young practitioners.

He was vice president of the Merchants and Miners Bank and was the man who initiated the building of the beautiful golf course of which Ironwood is so proud.

He was an invalid for a number of years previous to his death.

Dr. J. K. Niven, a graduate of Rush, located in Ironwood about 1887, coming from New London, Wisconsin.

He was slight of build but shared in the hardships of the early practitioner and was held in high esteem by the older residents of Ironwood. He was considered an exceptional after-dinner speaker.

He succeeded Dr. J. A. McLeod (with whom he had been associated as first assistant) as surgeon for the Oliver Iron Mining Company in 1898.

His death from pneumonia occurred in 1902.

Dr. J. A. McLeod came to Ironwood in the spring of 1887 as mine physician for the Metropolitan Iron and Land Company. He was Scotch to the bone, pronounced in his likes and dislikes, but a true friend to the poor and shirked no duty. He urged his mining company to establish the first hospital at Ironwood in 1888—the Union Hospital, which operated until 1926. At first only emergency cases were treated but in the year 1893, Ironwood was in the midst of the greatest typhoid fever epidemic the country had ever known and the hospital as well as the armory was soon filled. Outside physicians and nurses responded to the call for help and the disease was finally stamped out after much hard work on the part of the medical profession, and a death toll of about one hundred in a population of 7,000. The following year a mine strike became so threatening that it was necessary to call out the militia. During all this time Dr. McLeod and his assistants rendered service free of charge to their patients, furnished medicine and cooperated with county authorities in giving aid in every way to sustain life.

Dr. McLeod served as mayor of Ironwood in 1897 and 1898, was on the staff of Governor E. B. Winans with the rank of major in 1891-1892, and took a prominent part in social affairs during his residence in Ironwood.

In 1898 he moved to Milwaukee, Wisconsin, and was for several years affiliated with the Wisconsin College of Physicians and Surgeons, occupying the chair of professor of medicine besides being in active practice.

He died in 1916 and his remains were returned to Ironwood for interment.

Dr. E. H. Kelly came to Gogebic range in 1887, locating first at Hurley, Wisconsin, and later in Ironwood, where he was mine physician for many years for the Ashland mine at Ironwood and for several explorations in Wisconsin.

He was rough and ready, and apparently always in a hurry. He had a keen sense of humor and played many jokes when opportunities were presented.

Even in his day he was considered a bone surgeon, not that he did any open fracture work, but he seemed to have excellent results in setting fractures and reducing dislocations, and would rather care for a broken leg than anything else. Possibly he became interested in fracture work through an accident that occurred at the Ashland mine in 1890. A miner fell down a shaft a distance of over 200 feet and it was town talk at the time that every bone in his body was fractured. Dr. Kelly set about to mend his bones and was so successful that although this man was supposed to be unconscious for weeks, he finally recovered. Later he became prominent and did much advertising for the doctor.

Dr. Kelly died and his son succeeded to his practice for a short time when he entered army service.

Dr. R. A. Paradis was graduated from Laval University, Quebec, in 1891, and in 1893 located in Gogebic County, first at Ironwood, then two years later at Bessemer, where he was employed as physician for the Castile Mining Company.

Dr. Paradis, although not a rugged man, pioneered this territory to the complete satisfaction of his patients and the mining company. For a period of twenty years he was absolutely alone in practice. The roads were impassable in the spring and winter months and night calls were numerous. In the winter he often made trips on snowshoes and in the spring and fall used a team of horses.

He established the Paradis Hospital in 1902, which was discontinued when he left Bessemer. It is now used as club rooms for the local post of the American Legion.

Dr. Paradis left Bessemer in 1920 and located in Canton, Ohio, where he continued practice with his son until his death from pneumonia in 1929.

Dr. E. H. Madajesky, now on the staff of the Oliver Iron Mining Company at Ironwood, Michigan, came to Bessemer in 1899 when that community was in the midst of an epidemic of diphtheria. Antitoxin was first used at this time, but owing to a few deaths where it was administered late in the disease a prejudice against it arose and even suits were threatened against physicians who used it. Not until it was taught that administration early in the disease was necessary and subsequent good results obtained, was it accepted by the public.

About this time (1899) operation was performed in the first case of acute appendicitis at the Gogebic Hospital. The operation was a success, although there was no sterilizer, the linens and dressings were boiled in a wash boiler and wet dressings were wrung by hand. Prior to this a number of operations were performed at the homes of patients. A short time after the successful operation above mentioned a Boeckman sterilizer was purchased, and the wash boiler was discarded.

Venesection was practiced to some extent in the earlier years, but more on the request of the foreign rather than the native resident. Leeches were applied more extensively at that time than at present, and cupping was practiced. This is still resorted to among people of Finnish extraction.

In the field of obstetrics the pioneer physician's nerve was taxed to the utmost. At night he walked or hitched up his own horse, or rode horseback with lantern in hand. When he arrived at his destination the chances were that he must remain all night or be aroused again. Conditions were anything but sanitary, living quarters usually small, while a kerosene lamp served as light. Under such trying circumstances he was supposed to deliver his patient safely. There was no pituitrin to lessen the time of labor. Usually he found a bottle of liquor on the table awaiting him and together with the fond expectant father was supposed to drink to the health of the new arrival. Such was the routine of the pioneer doctor.

Dr. George L. Loope came to Bessemer about 1886 and was associated with Dr. Charles Shipman, who had charge of all the medical work for the various mine explorations east of Ironwood.

In 1887 he, with Dr. Whiteside, who was also associated with Dr. Shipman, purchased his medical practice, including the Gogebic Hospital. This hospital now stands deserted, but it served as the cradle of general operative surgery on the Gogebic range in the late eighties.

Dr. Loope came from sturdy stock; was a large man weighing about 230 pounds, of pleasant address and an incessant worker. Today he would be classed as the typical old-time practitioner. He would never refuse a call to his patients, day or night, regardless of their financial circumstances. In the absence of Dr. Whiteside he would be ready to operate in any emergency case, and his skill and judgment were excellent considering the handicaps of those early days.

He had a large practice in midwifery, and some of the hovels in which he delivered women without any infection following would cause the obstetricians of today to throw up their hands in horror.

He practiced in Bessemer from 1887 to 1908. In 1893 an accident occurred at the Colby mine when a cage containing eighteen men, through mistaken signals, was dropped to the bottom of the shaft. These men all sustained fractures or dislocations, yet all were so well cared for that not one died. Several later had amputations, but the perfect organization of Drs. Loope and Whiteside in giving first aid to allay suffering until each could be treated, would stand as a record of efficiency even at this time.

In the early nineties he became interested in politics; was for thirteen years a member of the Gogebic County board of supervisors, and for several years its chairman.

Dr. J. W. Whiteside was born and reared in Rockford, Illinois. After receiving preparatory education at the University of Wisconsin he entered Rush Medical College. Immediately following graduation in 1884, he served eighteen months as interne in Cook County Hospital. During student days he was employed as pressman on the old *Chicago Times* and was a baseball pitcher worthy of mention. His signature was awaited to a contract with the old St. Louis Browns of the National League, but he finally chose the medical profession.

He settled on the Gogebic range at Bessemer in 1886. His description of his impression of the range when he located there is expressed in the following: "Gogebic range was a beehive of activity; everything was under construction. A forest wilderness had to be cleared to permit the building of cities requiring streets, sewers, water systems, schools, churches, homes and businesses, and, welcome or not, came in unlimited numbers the saloon, dance hall and gambling houses. Reverend Banks first held service over a saloon with a dry-goods box serving as an altar, his congregation seated on planks supported on beer kegs. When revelers below became too boisterous a rap on the floor would command a temporary silence."

Dr. Whiteside, now over seventy, retired from active practice in 1914 and makes his home in Chicago.

He really is the dean of surgery on the Gogebic range. In the early nineties such major operations as supra-pubic cystotomy, removal of ovarian tumors, hysterectomies, and a great deal of head surgery were performed by him under most trying conditions. The public at that time was in mortal fear of hospitals. There were no trained nurses, and usually the hospital choreman was trained to assist, after being taught the preliminaries of sterilization, and preparation of the patients.

Dr. Whiteside served as mayor of Bessemer for two terms.

When Dr. M. F. McCabe came to Ironwood soon after graduating at Rush in 1885, he was employed part of the time as mine physician. Here a partnership with Dr. A. H. Thomas was formed to practice medicine and surgery, which continued for eleven years. In addition to this practice they operated two drug stores, one in Ironwood, the other in Hurley, Wisconsin. In the office which they maintained in Ironwood minor operations were performed. Major surgery was then in its infancy, amputations only being done. They had no sterilizers, instruments were boiled, but no dressings sterilized. A C. E. mixture was used as a general anesthetic. A great deal of extraction of teeth was done, as this was called for under mining contracts. There was so much toothache that even the clerks in the drug stores became proficient in the extraction line and when the doctors were out served as dentists.

Dr. McCabe was a slight man weighing about 135 pounds and not very rugged. He was likable, but did not have the physique to weather the wear and tear of the country practitioner. He was intensely human and enjoyed a large practice, but was very negligent in collections.

He died at the age of 50 years.

Dr. A. H. Thomas located at Manistique after graduation from Rush Medical College in 1883. He was dissatisfied and went to Milwaukee, Wisconsin, where he met a classmate. During conversation he mentioned the fact that he was looking for a location. This classmate happened to remember that a position was open as surgeon for the construction crew of the Milwaukee, Lake Shore and Western then extending its line through the wilderness of Northern Wisconsin and Michigan, and advised him to see Dr. Marks, the company's chief surgeon. When he called upon Dr. Marks he was told that "the work and living along the construction line will be hell, but you can make some money." Dr. Thomas afterwards stated, "I found out he was right, but I was never sick a day and do not regret the time I spent at the work."

He made first headquarters at Watersmeet, and ministered to the sick along the line as extension of the road proceeded, living in camps the greater part of the time until 1885 when the road was completed. He then located in Hurley, Wisconsin, where in 1886 his daughter, Edith, the first white child on the range, was born.

Dr. Thomas was a hard-headed business man, absolutely honest, expecting a dollar for services rendered and paying a dollar for value received.

At the age of 70 years he still maintains an office in Hurley, Wisconsin, specializing in eye, ear, throat and nose.

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Dr. Madajesky's article from which the foregoing excerpts have been made is replete with medical material other than the biographies. (C. B. B.)

Dr. H. E. Perry of Newberry gives the following information:

Dr. Hiram Farrand, who graduated from the Cleveland Medical College, Cleveland, Ohio, came to Newberry in 1883 as surgeon for the Vulcan Iron Company. He practiced in Newberry until his death, July 2, 1901.

Dr. R. E. L. Gibson was born in Alabama in 1875 and was graduated from Barnes Medical College, June, 1898. He was a contract surgeon for the government at Birmingham, Alabama, during the Spanish-American War. He practiced in Central Lake, Michigan, from September, 1898, until 1913. He moved to Newberry, Michigan, in April, 1913, and is still in active practice. He is a member of the Luce County Medical Society, Michigan State Medical Society and American Medical Association.

Dr. Almon W. Nicholson was graduated from the University of Michigan in 1884 and practiced medicine from 1886 until his death in 1907. He wrote poetry and fiction and read a great deal.

Of Dr. F. P. Bohn (*See* also Page 328) Dr. Perry writes: "He was in general practice in Seney six years, Grand Marais two years and Newberry thirty-two years; was president of the Upper Peninsula Medical Society in 1926 and is a member of the Luce County Medical Society, Michigan State Medical Society and American Medical Association."

He has been member of Congress since 1927, and it is discovered in 1930 is seeking renomination as a "dry" candidate. Sympathy is extended by a compiler of this history to the shades of Drs. Harry J. Hornbogen, Heaton and others in their probable disquietude. (C. B. B.)

Dr. H. E. Perry was graduated from the Michigan College of Medicine, Detroit, in 1897, and the Northwestern University Medical School, Chicago in 1904. He served a year as hospital steward during the Spanish American War in 1898 and came to Newberry in April, 1899, serving as assistant medical superintendent of the Newberry State Hospital from April, 1899, until September, 1903. He engaged in private practice in Newberry in February, 1905, and has been in general practice since that time. He was president of the Upper Peninsula Medical Society in 1929 and president of the Luce County Medical Society during the years of 1928 and 1929. He is a member of the Luce County Medical Society, Michigan State Medical Society and the American Medical Association.

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Chapter X

The History of Hospitals and Nursing in Michigan

"Pax intrantibus, salus exeuntibus"—

From a carving over the stone
portal to an old hospital in
medieval Rothenburg.

CHAPTER X

The History of Hospitals and Nursing in Michigan†

By Richard R. Smith, M.D., Grand Rapids, Michigan

THE hospital has not been a feature of the American frontier; nor has the professional nurse been a pioneer figure. The doctor, with his saddle bags, was in evidence early. For the bed-side care of his patients, he was obliged to rely upon mother or wife or good neighbors to keep the sick-watch. When the children were born, the doctor's wife, or the preacher's wife, held herself in readiness to "go in and help." And when a disease was known to be both dangerous and "catching," the possible other persons in the community that had already "had it" attended the sick ones in some improvised place apart.

Michigan, however, is unique in that it both lies on an international frontier and has a bi-peninsular shoreline. The Straits were fortified by a stockade and a blockhouse, as soon as frontier trading began, and the earliest semblance of a Michigan hospital appeared in some crude quarters for the sick men of the garrison. The log-book of Capt. Alex Harrison, of *The Gage,* a boat that was unloading at Detroit wharf, contains these stories: "October 11, 1785. One hand sent to the hospital October 14. Durett came on board in place of Butler, gone to the hospital." A report on barrack conditions at Detroit of 1790, June 24, describes the hospital as one room entered by two doors, equipped with twenty-one single berths and having one chimney. Something more spacious and better equipped must have been provided before 1812, when cholera visited Detroit as an incident of the war with England. Cantonment surgeons handled the scourge and the mortality was almost entirely among the soldiers.

County Houses

Sickness and poverty are akin; and the civic conscience, under primitive conditions, has provided for the two afflictions in one institution. A very early Act of Michigan Territory for the support of the poor, February 1,

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†The material for the portion of this chapter devoted to Michigan hospitals has been gathered by Miss Mary Hinsdale of Grand Rapids, who has devoted a great deal of painstaking effort to the purpose, and to whom a great deal of credit is due. A large part of the information contained herein was obtained through questionnaires sent to all of the hospitals in the state. Many of these remained unanswered and therefore many hospitals which would have been worthy of better treatment have received but scant if any mention. (R. R. S.)

1809, when William Hull was governor, provides that the overseers of the poor in the several districts within the Territory shall relieve and support all the poor, lame, blind, and sick, and shall provide for them houses, nurses, physicians, surgeons, in such cases as they shall judge necessary. Nothing more was contemplated by this than the letting out of cases to families that were willing to take them cheap. A poor law of twenty years later date, October 29, 1829, authorizes the proper officers to contract with a "competent physician" by the year, and to offer the contract at public auction to the lowest bidder. Seven years before Michigan arrived at statehood in 1837, a public Act authorized the establishment of county poorhouses with a superintendent. The seeds of the county infirmary, the home for the sick that civic charity provides for the poor, are found in this legislation; they, however, were seeds of slow germination.

Wayne County had been authorized to establish and operate a poorhouse two years before the General Law; although immediate action did not follow. And it was specified that the directors might admit lunatics and other diseased persons, if the disease were not contagious. A poor farm was purchased in 1832; and a shed-like building was erected the next year. A second visitation of the cholera, the same crisis that improvised places to house a pestilence in Detroit, speeded up the development of hospital features at the County House.

To borrow from the vivid language of Mr. George G. Catlin's "Story of Detroit":

> "On June 7, 1834, Governor Porter, of Michigan Territory, died very suddenly. The circumstances of his death must have aroused suspicion of Asiatic cholera in the minds of the attending physicians, for his funeral was held on the day of his death. Between that time and August 1, several cases occurred with the unmistakable symptoms of cholera, and an alarm went through the city. There was a hurried cleaning of streets and alleys, but the plague continued.
>
> "Fr. Kundig, priest of Holy Trinity Church, was quick to realize the emergency, for so great was the general terror that sometimes when one person was attacked in a house, the rest of the family would flee, leaving the victim to the care of physicians and nurses. Many people hurriedly left town, but the people of surrounding towns were afraid of them. They built fences across the roads leading out of Detroit and tore up the bridges. Some Detroit people who went to a tavern in Rochester were turned into the street and had their baggage thrown out after them. Holy Trinity Church was situated on the north side of Cadillac Square, at the northwest corner of Bates Street. Fr. Kundig tore up the benches, built a partition across the middle to separate the men patients from the women, and organized it as a hospital. He induced about twenty-five of the young women of his congregation to enlist as nurses. He also enlisted an Irish ditch digger named John Canaan to act as official grave digger, and procured a horse and two-wheeled cart for him with which to gather up the sick and bring them to his church and to carry away the dead each morning from the improvised hospital and the homes about town. It is said that in the worst period of the plague, the total deaths in one day numbered thirty-six.
>
> "The Presbyterian Church, at the northeast corner of Woodward Avenue and Larned Street, was also utilized as a cholera hospital; and there Dr. Douglass Houghton and several other physicians ministered to the afflicted."

Telling how the results of the scourge reacted on the County House, Mr. Catlin says:

> "Following the cholera, the city was burdened with many invalids, widows and orphans, and the poorhouse utilized to its capacity. In the lack of other provisions for their care, Bishop Resé placed the Sisters of St. Clare in charge of the inmates. Most of the inmates

> were brought to the institution by Fr. Kundig, who took pains to search out the needy, and, having assumed so many of the duties, he was appointed supervisor of the poor in the fall of 1934. The county allowed him 16 cents a day for the care of the inmates; but the actual cost was about double that amount, for provisions were hard to get, and labor was scarce, owing to the departure of many people from the city. There were more than 100 inmates of the poorhouse, and sixty of those were invalids.
>
> "There were no nurses to keep up treatments after the doctors had left to hurry to the next sufferer, so Fr. Kundig organized a Catholic Female Association for nursing the sick and caring for children suddenly orphaned by the plague."

Of that association and the common necessity came the organization known as St. Vincent's Female Orphan Asylum.

Detroit Hospitals

From these primitive hospital endeavors undertaken by the commonwealth in connection with its early emergencies and charities, there followed the broader conception of better institutions with a wider purpose. Its gradual development is best pictured in a history of Detroit's several hospitals.

The earliest hospital in the city of Detroit to have a continuous existence is St. Mary's, dating from June 9, 1845. It is the earliest in the state of any operating under private management. Four Sisters of Charity, an order founded by St. Vincent de Paul, began this work in an old log building at the southwest corner of Larned and Randolph Streets, which the Sisters of St. Clare had used for a schoolhouse in the previous decade. St. Vincent's Hospital was the original name. Dr. Vlemcke superintended the medical and surgical work during the opening years. Sisters were the nurses, and operating expenses were met by popular subscription. The hospital made early provision for contagious cases, and cared for cholera victims in 1849. November 6, 1850, marked the first new era in its history when the hospital occupied a new building on Clinton Street near St. Antoine, which had been erected by popular subscription at a cost of ten thousand dollars. The lot, having a frontage of 87 feet and running through to Mullet Street, was the gift of Mrs. Antoine Beaubien, at whose request the institution changed its name to St. Mary's Hospital. It had accommodations for 150 patients and was a large establishment for its time. A hospital register, now in the Burton Historical Collection, shows that the institution was receiving county patients in very considerable numbers over the period 1855 to 1873. A more faded order and account book shows that St. Mary's was serving from December, 1864, to April, 1865, as a United States General Hospital, W. H. Goimger, A. A. Surgeon, U. S. A. in charge. A second material advance is marked by the date November 21, 1879, when an additional building was occupied that had been erected at a cost of $50,000 on ground worth $15,000. This accommodated 130 inmates and the older building was reserved mainly for out-patient purposes. A free dispensary was by this time an important feature. While patients were received mainly on order from the director of the poor, others could secure board and attendance by the week at prices not greatly differing from present time hospital rates. In its present form St. Mary's Hospital has 330 beds, besides operating an out-patient department.

Other Roman Catholic homes for the sick at Detroit are less deeply rooted in the growth of the city than this pioneer, which goes back to Bishop Lefebre, the immediate successor of Bishop Resé, first incumbent of the Diocese of Detroit.

The beginnings of Providence Hospital, West Grand Boulevard, are inseparable from the House of Providence for destitute children and unfortunate women, opened by the Sisters of Charity in 1869. This home was originally on Fourteenth Street, between Dazelle and Marantette. The institution was incorporated in 1872. Out of it has grown the largest Roman Catholic Hospital in the state. It has 475 beds, and compares favorably in equipment and service with the best hospitals of Detroit.

A third Roman Catholic home for the sick, St. Joseph's Mercy Hospital, on East Grand Boulevard, is as recent as 1922. This is under the control of the Sisters of Mercy, two branches of which order are operating hospitals in Michigan, one of them centered at Dubuque, Iowa, and the other at Grand Rapids. St. Joseph's has 185 beds and maintains an out-patient department.

St. Luke's Hospital and Church Home, operated by St. Paul's Protestant Episcopal Church, is interesting as the earliest continuous institution with hospital features set up in Michigan under Protestant auspices. It was made possible by bequest of Mrs. A. C. Caniff, 1861, amounting to $1500. After location, 1864, in Lafayette Street and in West Forth Street, 1868, modern Detroit knows it as situated in Highland Avenue, where it carries on a work for the aged, sick, and poor, under support of the Episcopalian church parishes.

The State of Michigan had its share in the hospital drama of the Civil War; and the principal scene was enacted at Detroit. The most important was staged on a plat of ground on the west side of Woodward Avenue, where Martin Place was later cut through to John R. Street. The federal government coöperated with the newly incorporated trustees of Harper Hospital in making provision for the soldier sick who were returning from the front wounded and invalided. The hospital corporation purchased this land, which had joined their holdings by gift of N. Martin. At the government expense a large wooden building, supported on either side by a line of cottages, was erected on the Woodward Avenue front for a military hospital. When hostilities were over, the government conveyed these buildings to the Harper trustees, on condition that invalided soldiers should be cared for at local expense. Arrangements were also made between the hospital management and the local United States Sanitary Commission, whereby that society, noble forerunner of the numerous relief agencies of the World War, paid over to the hospital its final fund amounting to about $6,000, and gave over the care of all sick and needy ex-soldiers who might come into its hands. Although the hospital opened for general patients on New Year's day, 1866, its first beneficiaries were twenty ex-service men received from the Soldiers Home in the Arsenal Building at the corner of Jefferson Avenue and Main Street. This initial work of Harper Hospital was protracted over the period of a generation. Among the soldiers' records preserved in the Burton Historical Library there are two massive volumes of medical prescriptions issued during the years 1864 to 1868 which probably throw upon present practice in medication the highlight of contrast.

The beginnings of Harper Hospital have a surpassing tinge of eccentric romance. In 1831, when the Jackson administration was furnishing names for counties and towns in Territorial Michigan, Walter Harper, in his boyhood an Irish immigrant, came from Philadelphia to Detroit. There came with him as an upper domestic servant Mrs. Ann Martin, a young widow. She had suffered a broken life and a distracted mind for the death of her little girl in a Roman Catholic convent; and seems to have come west along with her employer at the urge of her mother, who feared some active violence against those whom she held responsible. Both Harper and Mrs. Martin acquired land at Detroit and in the environs. The woman derived the small sums she had to invest from a huckstering trade in vegetables, poultry and game that she carried on in a stall at the old city market at the upper end of Woodward Avenue; also delivering her wares at certain business places where her epicurean patrons were employed. Walter Harper died in 1867, and "Nancy" Martin in 1875. Her crowning active philanthropy reveals her a noble soul, although in an exterior that classes her with the very rough diamonds. In the year 1859, by Walter Harper's deed bearing date of February 3, and Ann Martin's deed of March 10, their realty was conveyed to trustees to be used for the erection and maintenance of a Protestant charity hospital. Rev. George Duffield, Dr. George Russel, Alexander C. McGraw, Jacob S. Farrand, Buckminister White, Frederick Buhl and David Cooper were the parties of the second part. Rev. George Duffield, for thirty years pastor of the First Presbyterian Church at Detroit, had inspired Harper with the idea, and Mrs. Martin chose to supplement with all her wordly goods the philanthropy of her long standing benefactor. The hospital was named for the man; the trustees so incorporated May 4, 1863. "Nancy" Martin had been honored in the naming of the street cut from Woodward Avenue to John R. Street. The Civil War contact of the Harper trustees with the United States government had resulted in the conveyance of an outfit of cheaply erected wooden buildings. These served as the principal hospital plant until 1884. At that time a main building of red brick, erected at a cost of $115,000, was completed, and the Civil War structures were disposed of. A current of benefactions had now set in. The contributors' list includes many persons of local prominence over this middle period of the history of the city and some of national fame, as Zachariah Chandler and Russell A. Alger. Miss Jean L. Coyle's free bed endowment, rated at the time at $220,000, and in property of increasing value, was given in 1924 in memory of her father, William Kieft Coyle. It has meant much to this important philanthropy. Harper Hospital, for a number of years, operated a unit for the care of contagious diseases, housed in a small red brick building in the rear of the hospital plant. This discontinued when the Herman Kiefer Hospital was established. The Charles C. Case Cancer Research Fund is indicative of the forward stand for hospital on the scientific side. In its jubilee year, 1913, Harper Hospital experienced a notable expansion, to be surpassed in the aftermath of the World War. On the last day of that year, the J. L. Hudson Memorial Building and Theodore D. Buhl Memorial Building were opened. The second of these additions, a family gift, was a center for the out-patient and social service departments. The first had been projected by the hospital trustees and was completed as a monument to a leading benefactor of the City of Detroit, a gentleman high up in its business circles, who was president of the hospital board at the time of his death in 1912. The golden anniversary reports of Harper Hospital discovered that it had cared for 72,250 patients, totalling 933,390 hospital days, and that not over half of the patients had paid anything for their care or treatment.

During the World War, Harper Hospital furnished the staff of doctors and nurses for Base Hospital Unit No. 17 that served in France under command of one of Detroit's foremost surgeons, Colonel Angus McLean.

With the reconstruction time, the hospital entered upon another expansion commensurate with newer scientific and social ideas. Gray Pavilion, to house the operating rooms and x-ray department, was given by the children of John S. Gray in 1918. In 1926, the Harper trustees made a great appeal to the friends of hospital philanthropy, setting forth the fact that while Detroit had become, in numbers, the fourth city of the United States, it was lagging with its 4,723 hospital beds at ninth place in provisions for the sick. The appeal was for an approximate $2,500,000.00 for the erection of a 450-bed unit, for which sufficient ground was already owned, on Brush Street. The care of 650 patients at one time was declared to be the hospital's ideal, 275 beds to be devoted to surgical cases, 200 to medical, and 100 to obstetrical, and 75 to eye, ear, nose and throat patients.

With this splendid addition a reality, the history of Harper Hospital becomes a matter of current events. Among the doctors who have had their part in its story of service and growth are E. L. Shurly and David Inglis in internal medicine, Theodore McGraw, H. O. Walker, and J. Henry Carstens in surgery; Howard W. Longyear, Walter P. Manton, and Benjamin R. Schenck in gynecology, and Daniel LaFerte in orthopedics.

The first suggestion of a homeopathic hospital at Detroit seems to be the offer of a building site at the southeast corner of Willis Avenue and John R. Street, made by Amos Chaffee in 1869. The first homeopathic physician to locate at Detroit, Dr. S. S. Hall, entered upon his long practice there as early as 1843. In 1879 the Detroit Homeopathic Association was incorporated. But the hospital project lagged until 1886, when Mr. James MacMillan expressed to Dr. C. A. Walsh his purpose to sponsor a building that should cost $100,000. Mr. John S. Newberry soon afterwards proposed a gift of $50,000 as an endowment for operating costs. Mr. Chaffee then renewed the gift of the building site, which had reverted to him within the seventeen years since his first offer. Stipulations were made that the hospital be maintained forever free to all needing its services and unable to pay for them. Grace Hospital was opened in December, 1888. Constructed for 100 beds, it was equipped for the care of only eighty-five patients. The MacMillan and Newberry families, reinforced by Mr. D. M. Ferry, and supplemented by others, continued to subscribe to the general endowment fund in sums from $1,000 to $50,000.

The twenty-first year of Grace Hospital, 1910, opened a period of much needed enlargement. Patients were being cared for to the number of 156 under sorely crowded conditions. An addition to front on Willis Avenue was projected, the Board of Trustees undertaking to raise $50,000 and appealing to friends to subscribe a like amount. An addition devoted to surgery was the result. Thereafter continuous expansion is discernable, although checked by the drain of the World War. The Merriam Memorial Branch, constructed in 1913 on West Grand Boulevard, added fifty beds to the 242 of the main hospital. An x-ray department was added in 1916; a radiotherapy department in 1922. Between 1917 and 1919, 163 of Grace Hospital personnel received leave of absence or resigned to answer the call of the government; seventy-seven physicians, seventy-four nurses and twelve employees, many of them serving overseas.

Following a survey of hospital capacity in Detroit after the World War, the trustees of Grace formulated a program of enlargement in terms of $1,000,000, contemplating three major units and two minor constructions. Two of the proposed additions have been realized, the larger one being a building for the out-patient department occupied in 1926, when the Board received its program as including a private patient's unit, home for nurses and home for staff and employees, all to be erected at the main hospital site; also a new main building on the west side to replace the Merriam Memorial Branch. Thanks to generous endowments, the charity work of Grace Hospital has kept pace with its general expenses. In 1925, of all the patients received, 24.2 per cent paid the full cost of care; 63.9 per cent were part pay patients; and 11.9 per cent were city, county and charity patients treated without personal charge to such patients. Eleven hundred and fifty-two were treated free; and in so doing the hospital expended $65,000. An increase was noted in the number of colored applicants for both out-patient and hospitalization. The most shining contribution of personal service to Grace Hospital is the long and distinguished career of Dr. Oscar LeSeure, for many years chairman both of the attending staff and of the executive committee.

The Woman's Hospital and Infants Home, suggesting by its name a social work that has always lain close to the heart of womankind, was established as early as 1869 by the Ladies Christian Union, a society that had organized in 1860 and had operated a Home for the Friendless, and had re-organized in 1868. First occupying rented quarters on Cass Avenue, the institution was established in its own building on Thirteenth Street in 1875; and in 1893 found a more permanent home in Ferris Avenue. At the turning into the new century 270 cases was the measure of the year's work. In 1922, 3,464 patients were cared for, 2,132 of them being mothers and babies. The imperative expansion took form in plans for a building to contain about 200 beds. The institution already enjoyed a Class A rating by the American College of Surgeons. The new plans drafted in the form of an X were determined by special concern for sunlight, retirement from street, and ease of operation. A drive for $600,000 was put on by trustees and other friends in 1923, and ground was broken shortly afterward. Some of Detroit's noblest women among the fortunately circumstanced have served as patronesses of this institution. Officers of the modern social service work have contributed much to its effective operation; especially the Women's Division of the Detroit Police.

The Children's Free Hospital of Detroit was established by charitable ladies in 1886. Nine years later, Mr. Hiram Walker, in memory of his daughter, Jennie Walker, erected a fine building at the corner of Farnsworth and St. Antoine Streets. Attending physicians donated their services, and everything was free. About sixty children of parents of less than ordinary income received care. Senator James Couzens, while mayor of the city, re-established this especially appealing charity on a munificent scale, with a donation of $5,000,000, made upon the condition that the Children's Free Hospital of Detroit and the Michigan Hospital School of Farmington be consolidated. The Children's Hospital of Michigan is the result. It has 250 beds and an out-patient department. Prominent Detroit men and women, including Senator and Mrs. Couzens, make up the executive committee and the board of trustees.

The Henry Ford Hospital was visioned by a group of citizens and physicians who sensed the rapid growth that their city was passing through in the opening decade of the twentieth century, and foresaw the need for a larger hospital than any existing and one that should have the most up-to-date equipment. In 1909, a plat of twenty acres was purchased at West Grand Boulevard and Hamilton Avenue. Building operations began according to plans for a great general hospital, and two or three units were completed. Then the enterprise lagged under its own weight. Mr. Henry Ford took it over with some changes of plan, and the main building was ready for use not far from the time when the United States entered the World War. Mr. Ford handed it over to the government, and it became United States General Hospital in 1918. Thus it furnished a scene in the drama of nursing sick and wounded soldiers back to life, and of teaching disabled men some new way to earn a living. Fifteen hundred soldiers were cared for. After their discharge, Mr. Ford resumed building operations. The hospital is remarked for its very complete equipment and for original features. It is a "closed hospital" in that the staff is attached to the institution and cares for all the patients. It has 548 beds and a high emergency capacity.

THE HENRY FORD HOSPITAL†

The year 1909 marked the beginning of a movement to establish a new hospital in rapidly growing Detroit. The Detroit General Hospital Association was organized to plan and build the Detroit General Hospital. With Mr. Henry Ford as chairman, the Finance Committee obtained subscriptions and purchased twenty acres of land bounded by West Grand Boulevard, Hamilton, Byron and Bethune Avenues. Plans of a pavilion type of hospital, drawn up after committees had studied hospitals in Europe and America, were accepted and the work of building began.

In 1911 ground was broken for the first building unit. As was the experience of many public enterprises at that time, enthusiasm lagged and subscriptions did not prove sufficient to carry the project through. The foundation of the building remained unfinished for eighteen months. In 1914 it was suggested that the City of Detroit take over the entire project. In June of the same year Mr. Henry Ford wrote to the trustees of the association as follows:

> Detroit General Hospital
> Detroit, Michigan
> Gentlemen:
>
> Learning that it is proposed to turn the assets of the Detroit General Hospital over to the City of Detroit, and believing that this would be a serious mistake, both for the city and from every other point of view, I hereby make you the following proposition:
>
> If you will make a good and sufficient deed to me or my assigns of the land and buildings now owned by you at the corner of West Grand Boulevard and Hamilton Boulevard, Detroit, Michigan, I will pay a sufficient sum of money on delivery of the deed to repay to each subscriber the moneys paid in by him or her to the hospital association, and I will assume the outstanding debts and contracts for buildings of the Detroit General Hospital, but you are to relieve me of all other obligations such as continuing obligations to employ particular individuals and everything of that nature.
>
> In conclusion I will state that it is my intention, if this proposition is accepted, to go forward with plans for a complete and creditable hospital for the benefit of Detroit.
>
> Yours sincerely,
>
> HENRY FORD.

His offer was accepted immediately and there was apparently great satisfaction of the solution of the difficult and embarrassing situation in which the Detroit General Hospital Association had remained for several years.

On June 26, 1914, the present site of the Henry Ford Hospital was deeded to Mr. and Mrs. Henry Ford. On September 15, 1915, the articles of incorporation for the Henry Ford Hospital were recorded with the Secretary of State at Lansing. Five days later Henry Ford and his wife deeded the property to the Henry Ford Hospital, Incorporated. The first meeting of the incorporators was held September 20, 1915, and a board of trustees was elected. Mr. Henry Ford was made president and Mr. Edsel Ford, his son, vice president.

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†Contributed by Dr. R. D. McClure, Detroit, Michigan.

On October 1, 1915, the first patients were admitted, a pavilion for seventy-five patients of the original plan having been completed, together with the operation rooms, laboratories and service buildings. Dr. Frank J. Sladen, formerly resident physician at the Johns Hopkins Hospital and associate in medicine in the University, had received the appointment as physician-in-chief.

In February, 1916, Dr. Roy D. McClure, resident surgeon of the Johns Hopkins Hospital and associate in surgery in the medical school, was appointed as surgeon-in-chief.

From the beginning, the plan had been for a full time staff, that is, a staff engaged to spend their full time at the hospital. Many physicians and surgeons who were desired as members of the staff of the Detroit General Hospital were unwilling to come on the full time service of the Henry Ford Hospital.

The hospital, comprising only a small pavilion of the original plan, with operating rooms and service plants, was run for two years while plans were being made for the large hospital and staff.

By August 1, 1918, the new buildings were well under way. At that time there was an acute demand for medical men and nurses for the army. The hospital was closed for the duration of the war and the entire staff volunteered and entered the army, a number of the staff being associated in France with Evacuation Hospital No. 33.

On October 27, 1918, the huge shell of the new hospital building was turned over to the United States Army at a rental of one dollar a year and used as U. S. Army General Hospital No. 36, with Lieutenant Colonel Alexander T. Cooper as commanding officer, and wounded overseas men were received as patients early in 1919. The hospital was returned to Mr. Ford by the government on January 1, 1920, and the original staff returned from their army service and again opened the hospital.

In January, 1920, the second influenza epidemic arrived, and 300 emergency beds were made available for the city. The main hospital was opened in December, 1921, with a completely equipped diagnostic clinic, staff and 450 bed capacity.

The Clara Ford School of Nursing and Hygiene was opened in 1925, being unique in having the first separate school building with class rooms, laboratories, gymnasium and swimming pool.

The staff of the hospital has been organized for accurate diagnosis and treatment of patients and for post graduate training of doctors in every division of medicine and surgery. The training consists of one year's rotating interneship, a second year consisting of six months in the diagnostic clinic and six months in general medicine or general surgery, or as an assistant in a division. Those making good then have the opportunity of three straight years in the division of their choice, if approved by the division head.

Seminars are held by the different division heads and weekly clinics by the department heads in medicine, surgery and pathology. Dr. Frank W. Hartman is chief pathologist and Dr. Joseph A. Johnston is head of the department of pediatrics.

Research work has been encouraged and ample facilities have been made for it. Two outstanding research problems have been accomplished by this hospital since the War. The use of tannic acid in the treatment of burns, now widely used, was beautifully worked out in a scientific way by Dr. Edward C. Davidson. This treatment has reduced very materially the death rate from burns as reported by a number of clinics, as well as reducing the suffering and deformities. The American Medical Association last year awarded its Gold Medal to Dr. Frank W. Hartman and Dr. Howard P. Doub for their work in the experimental production of chronic nephritis by deep X-ray therapy, not only demonstrating the far reaching harm which may result from an unwise use of deep therapy, but in opening up for laboratory study, in a way never before possible, the subject of chronic nephritis.

It is too early to tell of the influence of this hospital on medicine in Michigan. It has not only done the shop work of repairing wrecks, but it has also seriously tried to carry forward the torch of knowledge. Its ideal is not only the care of the sick, but the more important service of habituating its clientele to annual examinations to head off disease and to advise concerning diet and the type of daily living necessary to health.

One hundred and ninety-two papers have been published by the staff. A volume of collected papers was published in 1925.

On July 1, 1929, 132,700 patients had been registered and had received complete examinations. All patients reporting for even a trivial ailment are urged to have a complete examination.

The City of Detroit has large hospital institutions operating under the municipal authority. All of these are incidents of that rapid growth which the census of 1910 brought home to the consciousness of the people. The Detroit Board of Health dates back to an act of the state legislature of the session of 1895. The State Board of Health, for two decades, had been agitating for isolation hospitals, and had issued a notable statement at its meeting in 1893 as to the prevalence of communicable diseases in Detroit. Smallpox was epidemic at the time. This can scarcely have been the original urge to operating as a city pest house the small building in the woods out Hamilton Boulevard. The Detroit Board of Health is specifically charged under the city charter to suppress the spread of contagious diseases, and to provide for the care and treatment of all persons in the city having malignant or infectious diseases. The Board is now operating two notable isolation hospitals. In 1906, the city established on the site of the little old pest house a spacious hospital for contagious diseases, 865 beds; and named it after Dr.

Herman Kiefer, long an outstanding physician of Detroit and member of the Board of University Regents. The other institution under the City Health Department is Springhills Tuberculosis Sanatorium, at Northville. The Department of Public Welfare, formerly the Poor Commission, has authority under the city charter to establish and operate hospitals, infirmaries and farm colonies for the care of the sick, except persons afflicted with contagious or dangerous communicable diseases. The department has operated since 1915 the Receiving Hospital, a large institution located at St. Antoine and Macomb Streets. The report of the city physician to the Board of Poor Commissioners for the year next preceding the opening of this hospital shows a most interesting distribution of the city's poor-sick among private hospitals and remedial institutions. The total number of patients cared for at municipal expense during that year was 16,352. St. Mary's Hospital had 3,431; Grace Hospital, 1,097; Harper Hospital, 922; Providence Hospital, 493; Boulevard Sanatorium, 54; Harper Hospital, West Branch (afterwards Delray Industrial Hospital), 99; Samaritan Hospital, 63; Florence Crittenden Home, 80; Detroit Tuberculosis Sanatorium, 45; Woman's Hospital, 68. The cost of caring for the city's sick-poor by this system had mounted up to about $110,000 a year; and the change to a municipally operated hospital proved a substantial economy. The initial unit of the Receiving Hospital cost $250,000. At the expiration of five years the second unit was added, involving a much larger outlay. The hospital has beds for 560 patients and a staff of thirty-five doctors and 150 nurses. It has regular departments in medicine, general surgery, emergency work, psychiatry and orthopedic surgery; it has an out-patient department. The emergency department leads all the others combined in the numbers of patients. There is a considerable transfer from the Receiving Hospital to Eloise Infirmary. In the city budget of 1924-1925, a second enlargement was projected to cost $900,000. The architects followed the tower style that New York City has given to the country; a far cry from the little low log building in which St. Mary's Hospital started only eighty years earlier. High up are quarters for 200 nurses, below operating rooms with the most modern accessories, X-ray and bacteriological rooms, psychopathic wards, laundries and executive offices, in step with the magical growth of first class American cities.

The "History of the City of Detroit," 1701-1922, prepared under the distinguished editorship of Mr. Clarence M. Burton, gives space to seven hospitals and finds nineteen others to notice by name. It adds to this list, under the name of "Charitable Institutions," eight that receive the more extensive treatment and twenty-one called by name only. Some of the names are interesting indices to race and religion. There are the William Booth Memorial Home and Hospital and the Serbian-American Hospital Relief Association.

An appreciation of the extent of the hospital work done in Detroit may perhaps be obtained if one glances at this list. Lack of space forbids further mention.

1. Children's Free Hospital, 5224 St. Antoine.
2. Cottage Hospital, 54 Oak, Grosse Point.
3. Detroit Eye, Ear, Nose and Throat Hospital, 62 West Adams.
4. Delray Industrial Hospital, 7125 W. Jefferson.
5. Detroit Osteopathic Hospital, 188 Highland.
6. Dunbar Memorial Hospital, 576 Frederick.
7. Evangelical Deaconess Hospital, 3245 E. Jefferson.
8. Highland Park General Hospital, Glendale Avenue.
9. Lincoln Hospital, 1051 25th.
10. Michigan Mutual Hospital, 1366 E. Jefferson.
11. Providence Hospital, 2500 W. Grand Blvd.
12. St. Luke's Hospital, 228 Highland.
13. Salvation Army Woman's Hospital, W. Grand Blvd. and W. Fort.
14. St. Joseph Mercy Hospital.

At Grosse Pointe Farms is Cottage Hospital, operated under Detroit Community Fund auspices. This was opened in an eight room house as a small nursing unit during the influenza epidemic of 1917. Later, another house was acquired, and a modernly equipped operating room and delivery room were built to join the other two. This was followed by adding emergency room and operating room, bringing the capacity to twenty-one beds. Added to this, a new fifty-bed hospital was occupied in the autumn of 1928. Cottage Hospital is standardized. Since the Detroit Community Fund makes up the annual deficit, amounting to one-fourth of operating expenses, patients are charged a very low rate. There is an endowment adequate to provide free service for the needy of the community.

Grand Rapids Hospitals

The settlement of Grand Rapids, on the west side of the state, dates from 1837; the municipal incorporation from 1850. Here it was Protestant philanthropy that developed the earliest hospital foundations. The details are of liveliest interest to lovers of local chronicles, and to those that despise not the day of small things. For the purpose of devising ways to care for the poor and sick independently of the town poor masters, a meeting was held in the fall of 1847, at Prospect Hills schoolhouse, on the site of the Ledyard Block. Thus began a Benevolent Association under the presidency of Mrs. Francis F. Cumming, wife of the rector of St. Mark's Church, which operated a house-to-house relief work through district visitors. On January 16, 1857, a charter was taken out under the name Grand Rapids Orphan Asylum, by a group bearing a close personal identity with the unincorporated workers of the ten years preceding. A double function was herein authorized, namely, to provide for orphans and destitute children, and to extend relief to sick and indigent persons. In less than five years a more stirring function than either had interrupted the ordinary activities of the society. The benevolent and patriotic citizens of Grand Rapids devoted their energies to the Civil War encampments in their midst.

WAR HOSPITAL CAMPS KELLOGG AND LEE

The war hospital was located near the site of the Central High School, Fountain Street, 1863. The troops were for a short time located on low ground near the river on the West Side, but soon moved to the Prospect Hill.

the land the Union Benevolent Association lately occupied being part of the ground. The actual encampment with its cavalry occupied a large territory. Between six and seven thousand troops rendezvoused here.

The hospital proper was in the house now occupied by C. Tanis, 216 Prospect Avenue, the third north from Lyon Street, having a center dormer window. There was much serious illness. The nurse in charge was Mrs. Lucia Johnson, the matron of the Grand Rapids Orphan Asylum, who took up with splendid bravery the care of the soldiers. She literally gave her life to the relief work; she died from pneumonia while on duty in the hospital. A fine, rare woman, is the verdict of a man who, as a youth, knew her at her hospital work. There were no stretchers for the sick. The men were placed in blankets and four soldiers carried a man to the hospital.

February 14, 1863, the following appeal was issued:

> Hospital 7th Michigan Cavalry.
>
> To the Ladies:
>
> Feeling grateful for the many acts of kindness conferred upon the men entrusted to our care, we, the medical officers of the 7th Michigan Cavalry, feel encouraged to solicit from the Ladies of Grand Rapids further contributions in the way of bandages and lint and other suitable materials for the dressing of wounds. Experience has shown that large supplies of the above named are needed, etc.
>
> William Upjohn,
> Adna Sherman,
> Surgeons.

The hospital site at Camp Anderson, formerly the old fair grounds, is not known. One or two other places were certainly used for war hospitals, but the exact sites have not been located.

UNION BENEVOLENT ASSOCIATION

In 1873, January 18, the Benevolent Association reincorporated, with Union Benevolent Association for its official name. The Orphan Asylum had been closed in 1871, largely because state institutions for children at Coldwater were expected to take over a good share of its work. Its purpose now was to provide a home for infirm, aged, homeless persons, to care for and relieve temporarily any necessitous persons, and to erect and manage a general hospital for those suffering from disease or injuries. This two-fold work went on for twelve years at the old Gage place, on the west side of Bostwick Street, just south of Lyon. The first of two notable transformations was realized in the removal on February 23, 1886, to a new building at the southwest corner of College and Lyon Streets. The site was the gift of the Sarel Wood estate. The sale of the former property was a substantial contribution to the cash of the new one, $31,707.31; a final debt of $3,000 was cancelled by Hon. Thomas D. Gilbert. Local merchants contributed to the furnishing. Union Benevolent Association Hospital now developed along strictly professional lines. In 1890, the first medical staff was appointed, Dr. Charles Shepard being chief. When the third incorporation occurred, the articles taken in 1873 being limited to thirty years, the provisions for general philanthropy disappeared from the charter. The care of the aged had already been discontinued because other societies were competent to take it over. There are two noted names, Mrs. Wealthy M. Morrison and Mrs. Marion L. Withy, that appear in the charters of 1857, 1873 and 1903 respectively.

The latest and furthest step of Union Benevolent Association Hospital into the great things of medical science has been taken in its transformation into Blodgett Memorial Hospital, wrought by John W. Blodgett in memory of his mother, Jane Wood Blodgett. In November, 1914, the public was informed that Mr. Blodgett would tender a large gift to the trustees of the Union Benevolent Association. An architect from the New York firm of York & Sawyer had already been consulted. A plot of twenty-five acres situated between Wealthy and Sherman Streets, east of Plymouth Road and overlooking Fisk Lake, was purchased for a site. Ground was broken May 18, 1914, Mr. Blodgett turning the sod. A splendid hospital structure in Florentine style was erected without delay. On March 31, 1916, formal dedicatory exercises were held. The hospital, representing nearly fifty years of development of physical properties and institutional organization, is well adapted to the purposes and needs of the community. It has 150 beds and all the accessories that such a hospital should have, and is at present one of the three general hospitals in Grand Rapids. Three persons intimately associated with its growth should be mentioned. Mrs. Marion L. Withey for many years devoted much of her time and effort to the institution. The training school bears her name. Miss Ida M. Barrett, as superintendent, devoted a large part of her life to the hospital and was largely responsible for the upgrowth of the service upon which the present hospital is founded. Miss Mary A. Welch, at present superintendent of the training school, has been identified with the hospital for more than a quarter of a century, and as an administrator has few equals. To her should be credited chiefly the fine spirit and ideals of nursing which are an outstanding feature of the institution.

BUTTERWORTH HOSPITAL

In the winter of 1872-1873, St. Mark's Church in Grand Rapids had under its care two aged and infirm women. To provide a home for them and for others who might come to the same need, the rector appealed to the philanthropic women of the church. Prominent in the group which responded and effected the desired organization was Mrs. E. P. Fuller, who, with her husband, gave encouragement to the project by donating the use of a small house at what is now the corner of Bond Avenue and Crescent Street. Here on February 11, 1873, was held the first recorded meeting of St. Mark's Church Home, a voluntary association, in the modest inception of which lies the origin of Butterworth Hospital.

In 1875, the home was transferred to more commodious quarters at 144 Island Street, upon property belonging to Mr. and Mrs. E. P. Fuller, who generously donated its use rent-free for a number of years.

In June, 1876, the institution was incorporated under the name St. Mark's Home and Hospital.

About 1887, Mr. Richard Edward Emerson Butterworth, who for many years had been identified with the business interests of Grand Rapids, offered to the city the sum of $10,000 towards a hospital building, but the offer was not accepted by the city. The diversion of Mr. Butterworth's interest towards St. Mark's Home and Hospital is attributed to the effective intercession of Mrs. E. P. Fuller.

A site was secured on Bostwick Avenue and plans progressed for the erection of a fine large modern hospital. Mr. Butterworth gave a further gift of $30,000, but unfortunately he did not live to see the hospital completed.

The new building, under the name St. Mark's Hospital, was opened in 1890, and was devoted exclusively to hospital purposes, which meant the discontinuance of what had been at first the primary object of the association, namely, the institutional care of homeless old people.

In 1894, the name was changed to Butterworth Hospital in memory of the man whose generous gifts had made possible the erection of the hospital.

A training school for nurses was established in 1890, and since that time 480 graduates have gone forth. Many of the graduates are filling important positions in institutions, public health, and every other nursing endeavor. The missionary spirit has taken our graduates to many of the foreign fields, as Arabia, Abyssinia, China, India, Korea, as well as the home missionary fields of Alaska, Kentucky, and New Mexico. Several Butterworth graduates served during the Spanish-American War, and many more had a part in the World War.

In 1925, the present beautiful well-equipped hospital of 270 beds was opened largely through the generous gifts and personal interest of Mr. and Mrs. Edward Lowe. Mr. Lowe was president of the Board of Trustees from 1898 to 1928, a period of thirty years. It is worthy of note that Mr. Lowe was a grandson of Mr. Butterworth.

To Mr. and Mrs. Lowe's subscription of $500,000 were added approximately $1,000,000 by the citizens of Grand Rapids. Mr. Robert W. Irwin headed the building committee which raised the funds, and to his untiring and well directed efforts should be chiefly credited the success of the movement. It made possible the erection of a hospital which was in keeping with the long and sound development of a philanthropic institution of this kind and the needs of a growing, prosperous industrial city.

ST. MARY'S HOSPITAL

St. Mary's Hospital, at Grand Rapids, is one of the enterprises of the Sisters of Mercy, an order founded in Dublin, Ireland, in 1831, by Mother Catherine McAuley. It is the largest of the system of hospitals conducted by this order in the State of Michigan. The bringer of the work of the Sisters of Mercy into the American Old Northwest was Mother Mary Joseph Lynch, a woman of rare personality and varied gifts. She came to Grand Rapids from Kinsale, Ireland, in 1873. Twenty years before she had done a nurse's service in the Crimean War, where she was intimately associated with Florence Nightingale. The Sisters of Mercy, coming to Grand Rapids at the request of Rev. J. P. McManus, opened an Academy on South Division Street, and members of their order were the first non-secular teachers of St. Andrew's School. But to Mother Joseph, influenced by her early contact with suffering in Ireland, the care of the sick and the relief of the poor made a more immediate appeal than education did. And she took her little community to Big Rapids, where they instituted a hospital for the care of men injured in the lumbering business, ministering to thousands of patients.

The Sisters of the Order of Mercy established their hospital at Grand Rapids in August, 1893, when Sister Mary Ignatius, accompanied by two or three others, arrived from Big Rapids. Their original property, donated by Mrs. Mary McNamara, was a dwelling house known as 145 South Lafayette Street. To this was attached a small house brought from the corner of Sheldon and Maple Streets. In 1898 and 1900, additions were made, at a cost of $10,000. The hospital association was incorporated March 23, 1901. The enlargement that greeted the new century was but a beginning. The old Coffinberry home, adjoining the hospital on the south, was acquired by it in 1903; the Smiley residence at the southwest corner of Cherry and Lafayette Streets, in 1905. This became the site of a new building that was dedicated June 26, 1911, and received patients a month later. The Amberg property directly west was also acquired, and converted into a nurses' home.

Increase of hospital service is but poorly measured by statistics; yet the most beneficent institutions have no other way. In its first year St. Mary's Hospital treated sixty-nine patients; twenty-one years afterwards its annual report showed an increase of eighteen hundred over this. A number of Sisters Superior had filled the position of hospital superintendent.

Fifteen years after possessing its first new building, and almost simultaneously with the erection of the new Butterworth Hospital, 1926, St. Mary's Hospital enlarged its quarters and perfected its equipment on the scale that the social growth of the twentieth century demands. The realty known as The Elmwood, lying south of the main hospital building, was acquired. An addition was made to the main building, and a new unit was erected for maternity and children's cases. The extension was largely planned by Sister Superior Mary Bernard. A high authority on nursing, who visited Grand Rapids shortly after it went into operation, declared that the unit for mothers and children was one of the most perfectly planned buildings for the purpose in the United States, and that some woman must have thought it out. St. Mary's Hospital in its new form is arranged according to the Bacon plan. The latest additions represent an outlay of $550,000 in buildings and of $50,000 in equipment and furniture. The architects were Berlin and Swern, of Chicago, with Harry L. Mead, of Grand Rapids.

Flint Hospitals†

HURLEY HOSPITAL

Hurley Hospital was originally built through the generosity of James J. Hurley, pioneer Flint business man and civic leader, who willed to the city an entire block of land at Begole and Sixth Avenue, and $50,000 in cash for the construction of a city hospital. The Stockdale estate added $34,000 to Mr. Hurley's bequest.

The old hospital was opened in 1908 and had a capacity of thirty-six beds. Arrangement was made for free patients, to be examined by the health department. Under the city charter at that time, there was provision for a one-mill levy for maintenance. This gave the hospital $20,000 a year with which to operate. Thus the city hospital came into existence.

Dr. J. C. Willson, an early and accomplished physician of Flint, was chairman of the first hospital board.

In the month of April, 1928, a new million-dollar Hurley Hospital was opened for public inspection. Complete in every detail, with different color schemes carried out on every floor, the new building presents features of great interest. The Board of Health Clinics are quartered in the basement. The physicians are provided with a library, a large auditorium and amphitheatre operating rooms. The patients have advantage of the complete physiotherapy, X-ray and laboratory departments. The new Hurley Hospital takes high rank among the modern hospitals of this country.

A training school for nurses is maintained. A beautiful five-story nurses' home has been constructed.

The hospital is governed by a hospital board appointed by the mayor and a medical advisory board representing the different medical specialties. Chiefs of the different services are appointed annually by the medical advisory board.

Three hundred and ten patients can be cared for in the new building. The construction of the hospital in the shape of a Maltese cross provides for ample room for expansion.

On Wednesday evening, October 24, 1928, the Merliss Brown Auditorium of Hurley Hospital was officially dedicated and turned over to the Genesee County Medical Society. The auditorium is built as an integral part of the hospital. Architecturally it conforms to the regular theater style, with a suitable stage for speakers and a seating capacity of three hundred. The acoustics are exceptionally good. Very infrequently does one find such perfect ventilation, the air remaining clear and fresh. The decorations are subdued and in excellent taste. The sidewalls are paneled in antique oak for a height of about eight feet; above this the walls are stippled in a warm brown; overhead the ceiling is beamed and richly decorated with a conventional design done in blue, red and gold. The lighting fixtures are very decorative and unique, in that ample light has been provided without glare. Comfortable upholstered seats have been purchased with funds raised by voluntary subscriptions from members of the county medical society.

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†Contributed by Dr. Max Burnell, Flint, Michigan.

An auditorium such as this constituting a unit of a city hospital is rather unique, and it is the only one of its kind in the state. Visitors during the recent post-graduate conference at Flint were enthusiastic in their praises and Genesee County Medical Society may be very proud indeed of its new acquisition.

In accepting this gift from the Board of Hospital Managers and through them the citizens of Flint, the society assumes a moral obligation to make use of this splendid equipment in disseminating medical knowledge. The taxpayers will, we hope, quite fittingly benefit by receiving improved medical care.

J. B. Pengelly, as representative of the citizens of Flint, introduced Merliss Brown, member of the Board of Hospital Managers, after whom the auditorium was named. Mr. Brown, in an appropriate manner, turned the auditorium over to the medical society. Dr. W. H. Winchester, in his usual charming way, expressed the appreciation of the physicians to the Board and the citizens of Flint. A short talk was given by Dr. F. C. Warnshuis, of Grand Rapids, on "Organized Medicine." Following this, Dr. J. D. Bruce, of Ann Arbor, told of the effort being made to place post-graduate education on a suitable footing in Michigan. Our honored guest, Dr. M. L. Harris, of Chicago, president-elect of the A. M. A., spoke on "Doctors, Patients and the Community."

On October 24 and 25, 1928, at the new Merliss Brown Auditorium at Hurley Hospital, at Flint, was held a medical and surgical conference and clinic. Attendance each day was about one hundred. The subjects discussed were all very well received and appreciated by those in attendance. All felt that the bringing of these conferences is a big step forward in post-graduate work and as they are more appreciated by the medical profession, the attendance will increase. Men could spend much time and at greater expense visiting clinics hundreds of miles away and not receive the valuable information given by these papers.

THE WOMEN'S HOSPITAL

The Women's Hospital, Flint, Michigan, was founded in 1917 by a woman physician, Dr. Lucy Elliott, whose life dream it was to provide special hospital services for women and children.

After two years the financial burden became too great for Dr. Elliott. Just as she was on the verge of giving up the work, Mrs. J. Guy Blackinton, with several friends, came to the aid of the hospital, securing support for five rooms for one year. Mrs. John M. Hammond, with several of her friends, sponsored the sixth. The nucleus for the present hospital auxiliary was formed on the suggestion of Mrs. Forrest Boswell, who had knowledge of a successful organization in another city for the support of its hospital. The first president of the auxiliary was Mrs. Van Meter. Mrs. N. Hammond was elected vice president, Mrs. I. E. McConnell, secretary, and Mrs. Charles Ballard, treasurer.

On April 28, 1919, the Flint Chamber of Commerce approved of the incorporation of the Women's Hospital Association, which took over the hospital and made plans for a new site and a larger building. Committees from the Rotary and Kiwanis Clubs, as well as from the Genesee County Medical Society, were active with the Chamber of Commerce in furthering the re-organization.

In 1921, five acres of land on Lapeer Street were purchased from Mr. and Mrs. D. P. Smith. A campaign to raise money to pay for the property and to remodel the house into a small hospital procured $76,000 by December, 1921.

The building was ready and occupied in April, 1923. With many improvements, and an addition of twelve private rooms made possible in 1926 by gifts totaling $41,000, the hospital now has forty beds for women and twenty-four cribs for infants. An active maternity and surgical service is maintained.

The staff is organized under the plan of the American College of Surgeons. Staff conferences are held on alternate months with the meeting of the medical advisory board. The advisory board, 24 in number, is appointed by the Board of Trustees from the general staff.

Between eighty-five and one hundred patients are admitted to the hospital each month; average number of births is fifty-three and about forty surgical cases are cared for each month.

The first board of trustees was A. E. Raab, chairman, Charles A. Cumings, secretary, and J. Guy Blackinton, treasurer, George A. Barnes, D.D., John L. Pierce, the late Horace E. Potter, Charles S. Mott, Forrest W. Boswell and Grant J. Brown. The same board still serves with three exceptions. George Simmons was appointed to succeed John L. Pierce, William S. Ballenger to succeed Rev. Dr. Barnes, and Samuel Morgan in place of the Rev. Horace J. Potter.

The hospital (May, 1928) is under the superintendency of Margaret E. McLaren, R.N.

ST. JOSEPH'S HOSPITAL

St. Joseph's Hospital was founded in May of 1921, by four Sisters of the nursing order under the patronage of St. Joseph. One of the fine old residences of Flint, the Stockton home at 722 Ann Arbor Street, was remodeled, and an addition built, making room for forty beds for adults and a nursery with eleven cribs for infants.

Few hospitals in the state have done more with so little equipment. Last year 2,024 patients were cared for, which included 773 surgical, 661 medical and 590 maternity patients.

The hospital operating deficit is each year included in the Community Fund, as about 25 per cent of those cared for are charity patients.

The nursing order in charge of the hospital has been incorporated under the name of Burgess Hospital with headquarters at Kalamazoo.

The Sisters are soon to be rewarded for their wonderful work, as a fine new hospital is at present (May, 1928) contemplated.

PRIVATE HOSPITALS

The Axford

The earliest hospital, for years a landmark in Flint, was the Axford, a building constructed in two parts, the one to serve as a residence for the family of Dr. S. M. Axford, a pioneer physician, the other as a hospital mainly for his surgical cases. He was useful, very energetic and competent, and had a large practice.

The Murray

Dr. W. P. Murray was an excellent surgeon and for years enjoyed a lucrative and extensive practice in Flint and its environs. His physiognomy, general appearance, intonation and manner of speaking were of the Yankee type, but nothing of the Puritan was displayed in close contact. Indeed, his interest in speedy horses and the race track contributed not a little, in the opinion of associates, to his financial undoing. He bred contestants for turf honors and aspired to high accomplishment in this field of activity, but ventures went wrong, and he often experienced disappointment.

At one time his surgical practice was so exigent that he secured a large centrally located colonial house and remodeled and refurnished it for his hospital purposes. From this, the second undertaking in private hospital lines in Flint, he realized, regrettably, nothing aside from augmentation of anxiety and care.

The American Medical Directory for 1927 lists one hundred and seven cities and towns in the State of Michigan as having hospitals, sanatoriums and charitable institutions with hospital features, this not including State and Federal institutions. For Detroit, twenty-eight hospitals and other homes for the sick receive mention; for Grand Rapids, fourteen; and for Flint, four. These three centers of largest population we have treated as centers of hospital institutions. For the rest, we shall proceed not geographically, but according to type of control and support, combined with priority; and in many instances be limited to mere mention. Seventy-four towns and villages have one hospital each. The remaining thirty of the list run as follows: Ann Arbor, Jackson, Kalamazoo, five; Battle Creek, Lansing, Pontiac, Saginaw, four; Bay City, Escanaba, Marquette, Mount Clemens, Muskegon, Ypsilanti, three; and two each for Alma, Big Rapids, Cadillac, Coldwater, Crystal Falls, Dearborn, Eloise, Iron Mountain, Iron River, Ironwood, Ishpeming, Negaunee, Northville, Ontonagon, Petoskey, Port Huron and Wyandotte.

Religious Enterprise

Religious bodies, especially Roman Catholic sisterhoods, have founded and operated a considerable number of the leading hospitals in the lesser towns of the state, as well as at the larger centers.

Noticing the different orders chronologically, the Sisters of Charity are operating St. Mary's Hospital at Saginaw, an institution with seventy-eight beds that dates back to 1874. At Mount Clemens they have a large work in St. Joseph's Hospital and Sanitarium, established in 1899, and are now operating two hundred beds.

The Sisters of the Third Order of St. Francis are operating at Escanaba, St. Francis Hospital; at Menominee, St. Joseph's Hospital; and at Marquette, St. Mary's Hospital.

With regard to the establishment and growth of these, the following information has been furnished.

ST. FRANCIS HOSPITAL

Escanaba

St. Francis Hospital, at Escanaba, Delta County, Michigan, is operated under the management of the St. Francis Hospital, Peoria, Illinois, known under the Sisters Title, Sisters of the Third Order of St. Francis, Inc. It was founded February 12, 1884, increasing its capacity to 125 beds in 1927. Two new brick buildings were added to old brick wing, which was built in 1915, and a new ambulance drive put in; new equipment for patient's rooms, latest in medical and X-ray laboratories, new physiotherapy department with latest equipment, with large department made ready for hydrotherapy.

It is a standardized hospital of 125 beds and doing general hospital work. It serves patients in every station of life; much of its work being done as a charity or part charity.

One small private hospital, Laing Hospital, now defunct, preceded St. Francis Hospital in this community.

ST. MARY'S HOSPITAL

Marquette

St. Mary's Hospital, Marquette County, Marquette, Michigan, is under the management of the Sisters of the Third Order of St. Francis, of Peoria, Illinois; year of founding, 1890. In 1903 a new addition was built, about thirty more rooms, bringing the bed capacity of the hospital to about 100. The number of patients treated in the hospital during the year 1891 was 328; since then the number has been increasing steadily. During the year 1927, 1,359 patients were cared for at the hospital. The present building was originally built as a hospital. Its beds number 100 and all classes of patients are received.

It is a standardized hospital and its use is not restricted to patients of any church or industrial organization. Patients are received without distinction.

The number of charity patients treated during the year 1927 was fifty-four and the number of part pay 290.

ST. JOSEPH'S HOSPITAL

Menominee

St. Joseph's Hospital, at Menominee, Menominee County, Michigan, is administered under the auspices of the Sisters of the Third Order of St. Francis, whose Mother House is at Peoria, Illinois. It was founded in 1886. It has seventy-five beds and receives all classes of patients. It is not a standardized hospital and the use of the hospital is not restricted to patients of any church or industrial organization.

The hospital is operated on the part charity plan, this feature having been the plan of the founders.

This hospital was originally constructed through the generosity of two of Menominee's well-known citizens, William Holmes and Dr. Joseph D. Crawford, who realized the town's need of a suitable hospital. Shortly afterward it passed into the ownership of the Sisters of the Order of St. Francis. Previous to 1886, the year this hospital was constructed, Menominee had had two hospitals, one built in 1872 and another in 1880, but both of these institutions, because of indifferent management, were short-lived. After St. Joseph's was acquired by the sisters, the east wing, embodying a beautiful chapel and twenty-five sleeping rooms for the sisters, was built in 1906, and in 1912 sun parlors were built at the east end of the hospital, adjoining each floor.

This hospital, under the competent supervision of the sisters, has terminated Menominee's early hospital troubles. It is artistically and beautifully furnished and a home-like atmosphere pervades the institution, which, with the facilities provided by a thoroughly equipped, modern hospital, contributes in fullest measure to the expeditious recovery of patients.

MERCY HOSPITAL

Bay City

Mercy Hospital is under the management of the Sisters of Mercy, with headquarters at Mt. Mercy, Grand Rapids, Michigan.

Hon. N. B. Howard, whose home was on Fifteenth and Howard Streets, realizing that Bay City stood greatly in need of a hospital and on hearing that the Sisters of Mercy had been invited to undertake the work, offered to sell his beautiful home, which was in every respect suitable, for the small sum of $14,000.00, a sum far below its real value. Four thousand five hundred dollars of this was raised by the citizens, $2,500.00 was solicited by the sisters, and Mr. Bradley donated $7,000.00. In August, 1899, the sisters took possession. Formal opening and reception of patients was on September 24, 1899. There was bed capacity for twenty-five patients. In less than a year the building was entirely too small and in five years another building was erected with an increased capacity for twenty-seven beds. Again the sisters were obliged to call on the public for building funds, which call met the same generous response. The number of patients from the surrounding towns, however, increased so rapidly that more room had to be contemplated, and August, 1920, saw the completion of a four-story addition at an estimated cost of $35,000.00.

The entire fourth floor is used for surgical purposes, two up-to-date operating rooms, one tonsil room, supply rooms, surgeons' dressings rooms and waiting rooms for visiting surgeons, and cast room furnished with the latest equipment. The citizens of Bay City pledged $50,000 to raise the necessary fund, though the building cost $300,000, instead of $100,000 as estimated.

At the present time [1929] the hospital has a capacity of 150 beds, comprising the following: general surgery, forty beds; general medicine, forty beds; pediatrics, forty beds; maternity, twenty beds; emergency department, ten beds. It also has modern x-ray department, physiotherapy, basal metabolism, a well equipped laboratory and a splendid maternity department; also an out-patient department. It is a standardized hospital, rated Class A according to the American College of Surgeons; is general and non-sectarian. No exceptions are made with reference to race or creed, except in the case of infectious or contagious diseases.

MERCY HOSPITAL

Muskegon

Mercy Hospital is administered under the auspices of the Sisters of Mercy, of Grand Rapids, Michigan. It opened on April 16, 1903, with a capacity of twenty-five beds. In July, 1904, the bed capacity was increased to fifty. On April 15, 1921, the present hospital was opened, having a capacity of 100 beds. The hospital is designed along classic lines, with simple, yet dignified appearance, and is strictly fire-proof. Operating rooms on the fourth floor are provided with all the modern equipment necessary in the various branches of surgery.

The hospital has an obstetrical department, a well equipped clinical laboratory and an x-ray department. In connection with the laboratory is maintained an organized diabetic department, with adequate blood chemistry equipment, and a dietitian trained in the weighing and preparation of foods for diabetic patients. The hospital is rated in Class A by the American College of Surgeons and is also approved by the American Medical Association. The hospital does not discriminate against a patient because of difference in religious belief or circumstances in life, except in cases of mental or contagious disease. There being no separate department for such patients, their admission would, obviously, be an injustice to other patients.

The hospital has no endowed bed. For the past four years a few thousand dollars a year has been donated to the charity service by the Community Chest, the largest sum being $4,480 in 1928. Services amounting to $15,000 to $20,000 a year are donated.

MERCY HOSPITAL
Cadillac

This hospital was founded in 1908, increasing its capacity twelve beds in 1920. At that time was also added improved equipment in the metabolism, x-ray and physiotherapy departments. The building was built originally for a hospital of fifty beds and was donated fully equipped by Mr. and Mrs. Delos Diggins, of Cadillac. It is a standardized hospital. All classes of patients are admitted except contagious and mental diseases.

The hospital was presented to the sisters without any endowment. It has been supported by the patients' fees.

Mercy Hospital has been singularly fortunate in securing the services of the present able advisory board, consisting of J. C. Ford, chairman, Henry Miltner, secretary, Perry F. Powers, Howard Petrie, Charles T. Mitchell, George G. Brown, Henry Curtis and Dr. J. W. Smith.

ST. JOSEPH'S MERCY HOSPITAL
Ann Arbor

St. Joseph's Mercy Hospital, at Ann Arbor, Washtenaw County, Michigan, is administered under the auspices of the Sisters of Mercy. The sisters came to Ann Arbor in 1911 and opened St. Joseph's Sanitarium on Elizabeth Street. The sanitarium had 243 patients during the year 1912. It was moved to its present location in 1914 and the name changed to the present one. In 1924 an additional wing was built. In 1927, the patients numbered 3,129.

The present building was built originally as a hospital. It has a capacity of 200 beds and receives private patients. It is a standardized hospital and there are no restrictions as to religious affiliation or industrial organization. The hospital has no endowments and the yearly total for charity numbers among the thousands.

MERCY HOSPITAL
Jackson

This hospital began operations in February, 1915, in an old building that had once been a business college and later a sanitarium. In December, 1918, its permanent home was dedicated, Mercy Hospital, with Sacred Heart Chapel, erected on the historic site of Camp Louise Blair, a location lovely in landscape and reminiscent of the domestic life of Michigan's great Civil War governor.

The building is fire-proof, is equipped with the most approved heating, ventilating and lighting systems, and with complete outfit of dietetic, medical, obstetrical and surgical appliances. It accommodates seventy-five patients. All doctors of reputable standing have the privilege of the hospital.

ST. LAWRENCE HOSPITAL

Lansing

St. Lawrence Hospital is administered under the auspices of the Sisters of Mercy, Diocese of Detroit. It was opened February 2, 1920, as a small twenty-eight bed hospital, and moved into its new building on March 10, 1924, with a capacity of 100 beds. The hospital receives all classes of patients except mental and contagious cases. It is standardized and is not restricted to patients of any particular church or industrial organization.

For the past six years, donations from the Community Welfare Fund have covered a part of the expense for charity patients; however, charity patients are never turned away.

THE BORGESS HOSPITALS

The Sisters of St. Joseph, in addition to St. Joseph's Hospital at Flint, are operating hospitals at Kalamazoo and at Hancock. The Borgess Hospitals owe their initiation in great measure to Rev. Frank A. O'Brien, one of the outstanding Catholic priests of a generation ago. In name they are a monument to Bishop Borgess, of the Diocese of Detroit, 1871 to 1888. The older Borgess Hospital dates from 1896 and now operates 119 beds. Situated in the industrial center of Kalamazoo, it now inclines to the type of service peculiar to the municipal hospitals of larger cities.

The New Borgess Hospital was opened in 1917, and has 112 beds.

The order also operates St. Joseph's Hospital at Hancock. This was established in 1899 and has sixty-six beds.

Among the varied institutions at Detroit that have hospital features is St. Francis Home for Orphan Boys, which is conducted by the Sisters of St. Joseph.

Protestant religious bodies operate fewer hospitals than do the Roman Catholics. They are more inclined to make their contribution in the form of community philanthropy, or through the agency of civil government. There have been beginnings under Protestant church auspices that have passed over to another type of control, as is admirably illustrated in the case of Butterworth Hospital at Grand Rapids. Taking the whole country over, the Methodist Episcopal Church comes next to the Roman Catholic as an undertaker of hospital enterprise. And it has been as active along this line in Michigan as any Protestant communion.

METHODIST HOSPITALS

In 1890, the Methodist Church opened Bliss Hospital at Saginaw, but the institution was closed in 1894.

Bronson Methodist Hospital is operating vigorously at Kalamazoo. The church took over in 1920 a local hospital organization that had been established in 1905. In 1927 additions were made at a cost of $110,000.00 The hospital plant now includes, besides the main building, three nurses' homes and a school house. The hospital has 110 beds, and is rated in Class A by the American College of Surgeons. About one-third of its service is rendered as free bed work or for part pay. In 1927 the Methodist churches of the state contributed to this cause $29,700.00.

HACKLEY HOSPITAL

Muskegon

Hackley Hospital, at Muskegon, Michigan, is operated under the auspices of the First Congregational Church. It was founded on May 28, 1902, being a gift by the late Charles H. Hackley to the city of Muskegon, and has a capacity of 115 beds. Its original cost was $235,000.00 and at the time of its completion a maintenance fund of $100,000 was set aside by Mr. Hackley, and later a fund of $500,000 was provided in the wills of Mr. and Mrs. Hackley as an additional endowment for the hospital. On the date of its dedication Mr. Horatio N. Hovey, of Detroit, also endowed the hospital with $5,000; thus the total endowment is $605,000.

It is a standardized hospital, not restricted to patients of any church or industrial organization and about 25 per cent of its services are on the charity plan. The date of its opening was November 17, 1904, and at that time was as complete and modern as any in the country, and it has been the aim of the trustees to keep it in the best of condition and to add to its equipment and facilities as the needs and growth of the community have demanded and as progress in the field of medical science and hospital service has made possible. It is a complete and self-dependent unit, with its own heating, lighting, power and refrigerating plants, and with its nurses housed in the new nurses' home on the grounds.

An increasing appreciation of the advantages of hospital service is evident in the daily average number of patients over a period of seventeen years. Ten years ago the daily average was twenty patients, five years ago it was thirty-three. In 1920-1921 the daily average was 71.8.

At Reed City there is a ten bed hospital under the control of all the churches of Reed City, which was established in 1919.

There are some instances where very small religious bodies, composed of people of the newer American stock, operate a home for their sick, with the church pastor frequently at the head of the board of control.

About the state, as well as in the larger cities, churches and fraternal orders support beneficent institutions of mixed type. The Odd Fellows Home at Jackson is a good example. Out of an average of 150 inmates, nearly a quarter are ordinarily requiring hospital care. The equipment in these hospital annexes is, as a rule, not better than modest.

INDUSTRIAL HOSPITALS

The industrial hospital is of great interest, both professional and social. This type of service is not always easy to distinguish from other forms, since industrial need has not always been supplied under industrial auspices. There is a sound tradition that Sisters of Mercy ministered at Big Rapids in the 1870's and 1880's, to thousands of lumberjacks. But no records have come to hand of hospitals becoming defunct as the timber line receded. Belding affords a clear example of change of type. The Belding Brothers Silk Company established in 1920 a hospital to take care of employees only. In 1927, the city of Belding purchased building and equipment. Belding City Hospital does a general work, except for contagious diseases, and has a fifteen-patient capacity. Other examples have not been found. The atmosphere peculiar to the home for the industrial sick is felt in the following accounts of Calumet and Hecla Hospital and Ishpeming Hospital, the two institutions of this type that have the longest history.

CALUMET AND HECLA CONSOLIDATED COPPER COMPANY MEDICAL DEPARTMENT

Calumet and Hecla Hospital

The Calumet and Hecla Hospital was established in the autumn of 1867, in a building which was at first designed as a house for the superintendent of the Calumet mine.

Before the building was finished, however, the Calumet and the Hecla properties were consolidated, and as the superintendent preferred living on the Hecla location, the Calumet house was finished with the idea of using it as a dispensary and hospital, and Dr. Senter, of the Cliff mine, was engaged as mine physician.

Dr. Senter looked after both the Calumet and Hecla locations for about a year, using the hospital as a base, when he was joined by Dr. Osborne and later by Dr. Niles as assistants.

About this time Dr. Senter died and Dr. Osborne became senior physician. In the autumn of 1876, Dr. Emmett H. Pomeroy, who was at the Osceola mine, came as assistant to Dr. Osborne and the latter gradually withdrew from practice, being succeeded as senior by Dr. Pomeroy. About this time Dr. A. B. Simonson, who was physician at the company mill and smelter at Lake Linden, was transferred to the staff at Calumet and became chief when Pomeroy left in 1902.

Dr. Simonson remained as chief of staff until 1922, when he retired on account of poor health, and was succeeded by Dr. A. A. Davis, who lived only two years after taking charge.

On Dr. Davis' death in 1924, Dr. Philip D. Bourland, who had been surgeon at the mill and smelter for some years, was appointed chief of staff.

The policy of the Calumet and Hecla Mining Company has been, from the first, to provide the employees of the company and their families with medical and surgical service at the lowest possible cost to the working man. As the mines were more fully developed and more men employed, it became necessary to add to the medical staff from time to time, until from ten to twelve physicians were engaged in this work.

In 1893 it was found necessary greatly to enlarge the hospital and this was done. One of the features of the enlarged institution of which Dr. Pomeroy was justly proud was a well equipped clinical laboratory. As laboratory workers were needed, it became the custom to secure each year two internes from the graduating class of the University of Michigan. These young men were given exceptional opportunity in the development of medical and surgical tastes, in addition to their duties as internes. This method of drafting recruits can no longer be followed because the hospital, on account of its small size, cannot meet the requirements necessary for the training of internes under the more recent regulations.

At the present time the hospital has twenty-one beds and eight attending physicians. The number of patients admitted annually is between 700 and 800 and there is, in addition, a very large out-patient service.

The hospital is supported by small monthly assessments on all employees, and any deficit which may be met with is assumed by the Calumet and Hecla Consolidated Copper Company.

A very satisfactory relationship prevails between the medical staff and the employees of the mining company, and the physicians have uniformly and to a high degree the confidence and esteem of the mine personnel.

The Ishpeming Hospital

The Ishpeming Hospital was opened in 1872, the second hospital opened in the Upper Peninsula, the first being the hospital at Calumet.

Dr. Buell Bigelow had come from Marquette a year or so previously, under contract to give medical and surgical care to the miners and families. He was the first and only physician in Ishpeming at that time.

Very soon the commercial demand for iron ore led to the employment of more miners and that made it necessary for Dr. Bigelow to have a place to receive and care for the injured and sick men. Now, the reader is asked to consider the problems as forced on him by the social conditions. Here was empire far removed from the centers of civilization, primitive, uninhabited, with an inhospitable climate, and practically separated from the rest of the world for the entire winter season. The railroad was creeping north from Chicago slowly and had reached as far as Escanaba. The Sault Ste. Marie Canal was in operation, but no boats could come up during the winter months.

Look at his constituency—men of many nationalities, then mainly of French, English and Irish, later of the Scandinavian, and later still of Finnish and Italian. Compared with the number of men employed, the householders were few. Most householders took in boarders, as the single men, or the married men whose families were living elsewhere, were in a majority.

Dr. Bigelow agreed to give surgical and medical care to their employees and families, including all drugs needed. He was allowed to attend anyone, making his own charges. He was also allowed to charge $5.00 as an obstetric fee, but must be his own collector. Cases of venereal diseases and cases of nose or throat were outside cases. If the eye or ear or complicated injury cases were beyond the general practitioner, the patients were sent to Milwaukee or Chicago to a specialist, the company paying the expenses. The doctor was not required at first to take cases of typhoid fever or tuberculosis in the hospital, but as a matter of fact they always did, one can readily see. For all this, the doctor was to receive $1.00 a month for every married man employed and seventy-five cents for every single man. This money was collected at the company office by deducting the amount from each one's pay. It was expressly stipulated, however, that a new man employed should not be taxed until he had worked three days. The company also managed a "club" in the same way for the injured men only, the men paying fifty cents and the company contributing a like amount monthly.

In a year or so the number of miners became so large that Dr. Bigelow had to have more help, and a hospital was demanded. The company supplied a house, part of an old hotel, and Dr. Bigelow furnished it, a fifty-fifty arrangement. It held twenty beds. The idea at the time was that the hospital was for the use of the injured single men only, and it was agreed that they should not take typhoid fever or tuberculosis cases. Neither were the married men or their families considered. With the advent of the hospital, the single men's dues were raised to $1.00. That made a dollar all around. There was a housekeeper and her helpers in the kitchen and a male nurse for both day and night duty.

Dr. Bigelow associated with him Dr. W. T. Carpenter. There were two, sometimes three, young assistants. All calls were received at the hospital, and the doctors held a morning office hour from eight to nine o'clock. Then their horses hitched up to a buggy or sleigh, as may be, were tied out in front and the doctors made their morning calls, which always took the full morning. At one to two came the noon office hour and again the horses, if necessary; again office hour, seven to eight in the evening. That routine was sadly interfered with every day by emergency calls, accidents to miners or railroad men or woodsmen, obstetrics or set operations.

At this time (the summer of 1873), Dr. Joseph Vandeventer came up from Virginia to work for Dr. Bigelow and Dr. Carpenter. Soon Dr. Bigelow took a contract to care for the men at the Michigamme mine, some twenty-five miles from Ishpeming, and placed Dr. Vandeventer in charge. In a year or two he turned the business over to Dr. Vandeventer, where the doctor stayed for some years until 1887. In 1880 I† was working for Dr. Townsend Heaton, at the Saginaw mines, some three miles from Ishpeming. Dr. Heaton's health failed him and he returned to his old home in Loudon County, Virginia. After a year or so, the Saginaw mines closed and I† removed to Ishpeming to work for Dr. Bigelow at the hospital. Dr. Carpenter had then removed to Iron Mountain, and soon the firm became Drs. Bigelow and Harwood. After two years, Dr. Bigelow decided to retire from the practice of medicine and Dr. Harwood wished to go to the Vermillion Range. Then the business fell to Dr. Vandeventer and myself. In 1910, Dr. Vandeventer retired from the practice of medicine and became a farmer in his old homestead in Loudon County, Virginia, where he died in 1924. I retired in 1918, when the old hospital which had served us well for so many years was closed.

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†Evidently Dr. T. A. Felch—*See* Pages 581-587. C. B. B.

When the old hospital door was locked, there stood, newly erected and completely and modernly equipped, a stately and beautiful hospital of fifty beds in another part of the town, erected entirely by the Cleveland Cliffs Iron Company, opened October, 1918, and my former colleagues, Dr. Barnett, Dr. Vandeventer, Dr. Smith and Dr. Rice, continued the business at the new stand.

But during the years there had been some changes. The mine owners had begun to charge the miners $1.50 a month instead of $1.00. Then the operation of the Workmen's Compensation Act had made a change in the relation of the company and the men in injury and sick cases. Another change: In the old hospital, the medical assistants were paid a stated sum monthly by the firm of doctors, but at the new hospital the doctors became employees of the company and received a stated monthly salary and at the age limit are eligible for a life pension.

There always were two or three doctors practicing independently in the town.

TWIN CITY HOSPITAL

Twin City Hospital, at Ironwood, established under medical urge and personally operated, is a clear response to industrial need.

From 1888 to 1898, Mr. A. H. Runstrom, proprietor of the above mentioned hospital, was assistant to Dr. John A. McLeod, then chief surgeon for the Oliver Mining Company, at the Union Hospital. Mr. Runstrom acted in the capacity of head nurse and first assistant to Dr. McLeod and his staff.

In the spring of 1898, Mr. Runstrom was approached by a number of doctors, who requested that he build and manage a hospital where they could bring their patients, Dr. McLeod having left Ironwood now and located in Milwaukee. Mr. Runstrom then fitted up his own private home for a hospital accommodating six patients. This was used as a hospital from the spring of 1898 until the fall of 1899; then he purchased the building where the present hospital is located from Mr. S. S. Curry. This building was repaired at Mr. Runstrom's own expense and he moved in and was ready to receive patients. He had at that time contract work with the following mining companies: Newport, Aurora, Ashland, Cary, Montreal and Iron Belt. After the house was repaired, another story added then making it a three-story building, he could accommodate twenty-seven or twenty-eight patients.

As time went on, he remodeled as seen fit, doing away with wards on second floor and fitting up only private rooms.

In 1907 an addition was added and an operating room was provided.

In 1923 another addition was added and a modern operating room was added, the old operating room on the first floor being used as a first aid room and minor operating room, while the new operating room on the second floor is used for all clean cases.

The hospital at the present time [1929] can accommodate twenty-five patients. It has a large ward on the first floor for all compensation and mining and accident cases. Private rooms are located on second floor.

It is equipped with a modern portable x-ray machine, an oil burner and an electric refrigerator.

The hospital is located in the heart of the city and still in a quiet section. It is readily accessible, whether by train, auto or street car.

There is always a graduate nurse on duty and under-graduates help with the general routine care.

It is rather striking that industrial hospitals follow the mines and not the factories. However, Greater Detroit has Delray Industrial Hospital, an institution of one hundred and five beds, operating also an out-patient department. Delray Industrial Hospital is successor to Solvay General Hospital, which was established in 1914, and seems, at the outset, to have been a branch of Harper Hospital. Less than one-half of the industrial hospitals have responded to questionnaires. Taking those that have for a gauge, it would appear that a good proportion of them have buildings that were originally constructed for hospital purposes, but that only a small number are of standardization size. As a class, they are limited to industrial patients, and do a large amount of work without charge. The roster of industrial hospitals not separately noticed runs as follows:

Republic Mine Hospital, Republic (1880), 8 beds; out-patient department.
Lake Superior General Hospital, Lake Linden (1890), 14 beds.
Crystal Falls General Hospital, Crystal Falls (1900), 15 beds.
Mohawk Mine Hospital, Mohawk (1900), 20 beds; out-patient department.
Iron River Hospital, Iron River (1901), 12 beds.
Copper Range Hospital, Trimountain (1906), 25 beds; out-patient department.
Wakefield General Hospital, Wakefield (1910), 16 beds.
Munising Hospital, Munising (1910), 25 beds.
Bay View Hospital, Nahina (1914), 10 beds.
Verona Welfare Hospital, Caspian (1915), 8 beds; out-patient department.
Penn Hospital, Norway (1917), Penn Iron Mining Co., 20 beds.
Charcoal Iron Company Hospital, Marenisco (1918), 10 beds; out-patient department.
Harbor Beach Hospital (1920), 23 beds.
Cleveland-Cliffs Iron Company Hospital, Gwinn, 16 beds.
Iron Mountain Industrial Hospital (1925), 6 beds; out-patient department.

SECULAR AND COMMUNITY PHILANTHROPY

Secular philanthropy has established and operates many of the important hospitals about the state. In many instances, these have started with individual or family endowment, sometimes as memorials, and depend upon annual appeal for part support, operating under private boards of control. The type shades into the private hospital that is under professional control, since the latter is often inspired by community need.

BATTLE CREEK SANITARIUM

Battle Creek Sanitarium and Benevolent Institution heads the list in priority as well as in size and scope.

This institution brings together so many items of social interest and so many lines of scientific development that an adequate sketch would be beyond our space. It had a forerunner in the somewhat eccentric Health Reform Institute, which was established in 1866, and whose incorporators were members of the religious sect known as Seventh Day Adventists. The institute was one of the water cures that sprang up in the interval of protest against the materia medica ideas that preceded modern medical science, and whose methods were traceable to a peasant community in Central Europe; it also featured the diet reform that had been started by Dr. Sylvester Graham.

In 1876, Dr. J. H. Kellogg, who had recently graduated from the Bellevue Hospital College of New York, took charge of the place, which was ready to close its doors for debt, upon condition that he be permitted to reorganize its work upon a scientific basis. The name of the institution was changed to the Battle Creek Sanitarium and somewhat later it was reincorporated apart from sectarian connections. Dr. Kellogg's career as medical director of the sanitarium for more than fifty years has gathered together into the one institution practically all of the preventive and curative agencies that medical science has approved.

The establishing of correct physical habits is the starting point of treatment. And the sanitarium, viewed through its parlors, lobbies, gymnasia and meadows, appears like a great rest house. It has also manifold equipment for the cases where Nature needs to be assisted in her remedial work by the inventions and devices of science. The non-drug systems are available, each where searching examination has discovered it to be especially adapted, including hydrotherapy, light therapy, electrotherapy, scientific feeding, medical gymnastics and massage.

As the number of patients has turned from the hundreds towards the thousands, the medical work of the sanitarium has been divided and subdivided into departments, of which expert authority makes special mention as follows: neurology and psychiatry; cardiovascular and renal disorders; disorders of the stomach and intestines; genito-urinary department; bacteriological and serological department; lying-in department.

Very early provision for surgical patients bears witness to the broad outlook of the sanitarium management. This branch of the work dates back to the 1880's. At first limited to a single small ward, it was growing with the turn of the century into a surgical hospital to be provided with a separate building. For the perfecting of this department, students were sent for training to Berlin, Vienna, Paris, London, and other great centers of surgery. Along with securing a corps of experts for the operating room, the management has featured the adaptation of sanitarium methods to the after-care of the patients.

Battle Creek Sanitarium occupies an imposing complex of buildngs, the present hospital building being remodeled from a food factory. The hospital has a thousand beds and receives all classes of patients except the insane. It is operated by an organization that devotes its earnings to maintenance and charity. About 10 per cent of the work is charitable. The management is a board of ten trustees, all of whom are connected with the institution as physicians or business managers. Statistics accumulated at the close of the year 1920 showed that the institution had, during the forty-four years after its reorganization, served 143,643 patients, 26,245 being surgical cases. A list of the states and foreign countries from which the patients come would show that Battle Creek Sanitarium has an almost world-wide patronage.

PORT HURON HOSPITAL

By the calendar, Port Huron Hospital holds the second place in the philanthropic group. Starting in 1876, in a former private residence, it arrived in 1904 at the new building stage; and in 1921 increased its bed capacity to fifty. X-ray and laboratory have been added, but the hospital is not standardized.

At Saginaw, two of the three hospitals that do a general work are of this class, General Hospital and the Woman's Hospital. The inception of the Woman's Hospital is a moving story of how community philanthropy has often been stirred to action.

THE WOMAN'S HOSPITAL

A young couple came from a distance to Saginaw. The husband proved to be a heavy drinker and failed to support his wife. She then worked to procure means to care for herself and expected child. Some time later she discovered her husband had stolen her money and left. No longer able to work, she was turned out on the streets. The officials wished to place her in the county home, but she refused, saying that she would rather her baby should be born in the streets of Saginaw than in the county house.

This story came to the notice of some of the good women of the city, and Dr. Wealthy Dibble took her in and cared for her. This incident, along with several others of similar character, aroused the interest of prominent Saginaw women, and as a result a small group of women met at the home of Mrs. J. W. Freeman and organized an association to be known as the Woman's Hospital Association. The same day a constitution was written and sent to Lansing; and a charter was granted (1888).

The charter members were Mrs. J. W. Freeman, Mrs. Anna Lincoln, Mrs. Sarah M. Dickinson, Mrs. S. C. Allington, Mrs. Elsie S. Abbot, Mrs. Allen M. Wilson, Dr. Wealthy Dibble, Mrs. Frederick Wolpert, Mrs. G. Wiggins, Mrs. McBain and Mrs. Ann M. Driggs.

The Woman's Hospital, or Home, as it was called, was started in a frame house on the corner of Seventh and Janes Streets. The matron did all the nursing, there being only six beds the first year. In 1889, a larger home was purchased and the hospital began its work in new quarters.

Mrs. Freeman was president the first two years, being a very able president and, it is said, an exceedingly good collector. In ill health herself, she nevertheless took a very active part in keeping the organization going during the first and most discouraging years of its existence. The hospital at this time being, to a considerable extent, a charitable institution, was far from self-supporting.

The plan of support was to appoint two members of the board to visit the hospital each week and make a list of articles needed, and then solicit provisions and funds for the following week. During the second year of the hospital, the need of trained women was felt, and the training school was established in connection with the hospital (1889).

In 1891 the mortgage fell due. A special meeting of the board was called, and after careful consideration they decided that there was no way by which they could even raise enough money to pay the interest, to say nothing of the mortgage. They were to adjourn, when the president, Mrs. W. R. Burt, placed on the table the cancelled mortgage ($4,000.00) paid in full.

That was the turning point in the history of the hospital. Citizens began taking a more active interest. The hospital was becoming not only a home for girls, but was used by the general public as well. In 1916, a beautiful new building was added and the old building repaired, making a very good modern hospital building.

During the early days, many prominent citizens other than those named took an active part in the interests of the hospital work.

The Woman's Hospital has sixty-two beds and is standardized. It is a charitable hospital and its deficits are taken care of by the Welfare League.

Saginaw General Hospital was incorporated in 1887, by a group of twenty-six women, active in social and religious circles, who assumed the burden of establishing and financing an institution for the care of the sick. It was opened in 1889, in a building erected for the purpose. Eight years afterwards an addition was built; three years later a second one, in 1907 a nurses' home. In 1922, a fireproof addition of 100 beds was added. General Hospital can take care of 120 adult and 30 child patients. It is standardized. It has considerable endowment funds and receives funds from the Welfare League.

In the same year as Saginaw, 1889, Battle Creek saw the opening of a secular philanthropy hospital. At first called Union Home, its name was changed twelve years afterwards to Nichols Memorial Hospital. Twice located in a small dwelling house, this institution acquired a large residence that was rebuilt for its purposes and has added the Roger-Davis Annex, a modern fire-proof structure. It operates 100 beds and is fully standardized.

The Edward W. Sparrow Hospital, at Lansing, dating from 1896, is owed to the Women's Hospital Association, of Lansing, and the individual benefactor whose name it bears. The association, organized with a capital of less than $500.00, and after carrying on three years in temporary quarters, acquired a fine old residence with space for seven private rooms and two wards of four beds each. In 1912, Mr. Sparrow presented to the people of Lansing the present hospital, and appointed a Board of Trustees in joint control with the Women's Association. The new structure cared for fifty-four patients. Notable growth has followed. In 1922, the Post wing was constructed, adding twenty-two private rooms and two two-bed wards, a nursery of twenty cribs and an isolation nursery of four cribs. The latest addition is Chapin wing, memorial to a charter member of the Board of Trustees. This includes children's ward, delivery and labor rooms, operating suite, emergency rooms, X-ray department, and laboratory. The hospital capacity has become a matter of 150 beds. At least one-tenth of the patients are cared for without charge.

In 1899, at Marquette, St. Luke's Hospital was opened. It was initiated by one of the local doctors who needed a general hospital for the care of his patients. Starting in a small frame building with twelve beds, St. Luke's occupied in 1912 a new building with capacity for sixty-five. It is a standardized and very complete institution, having laboratory, two operating rooms, obstetrical department, two X-ray rooms, pharmacy, and metabolism and diathermy departments. The charitable work, in addition to other funds for the indigent, is assisted by the county organization of the Red Cross.

In 1902, Lockwood Hospital was established at Petoskey, under an executive board. The original building, erected for the purpose, had ten private rooms, three wards of three beds each, and operating room. A nursery—three bassinettes—was added in 1905; X-ray equipment in 1914; new operating equipment in 1927; laundry equipment in 1928. The present capacity is twenty beds. A building campaign is set for 1929, contemplating a twenty-room annex of three floors, medical, surgical and obstetrical.

Petoskey has a second hospital, which bears the name of the town. 1909 is the date of incorporation, but it had its beginnings a year earlier in a work that Drs. John and George Reycraft established in their own home.

The Petoskey Hospital opened with twenty-five beds. Room for ten more was found by purchasing an adjoining house two years later. In 1921, the hospital was established in its present quarters with a normal capacity of forty beds. In 1923, an addition was built for operating room and delivery room, with laundry below. In 1925, an adjoining house was purchased for a nurses' home. The institution has now two operating rooms, fully equipped, delivery room, nursery, X-ray department and laboratory, physiotherapy and hydrotherapy departments. It is working for standardization. The Ladies Auxiliary maintains a free bed, and a good deal of other charity service is rendered.

Greenville, Montcalm County, has United Memorial Hospital. Dr. W. H. Belknap established this about 1904, and maintained it in rooms over a store, until his death. A hospital association was then formed, 1911, to carry it on; and in 1916 established it as a fifteen-bed institution in a remodeled building. The Board of Lady Managers solicits a fund for charity patients.

Benton Harbor has Mercy Hospital, built to meet community needs and administered by a local hospital association. Starting in 1907, it occupied quarters that were equipped temporarily. Its principal expansion occurred ten years later. It is a fifty-bed institution, standardized. Its work is largely surgical and obstetrical; and it is in the main a paying patient hospital.

Pompeii has Pompeii Hospital, opened in 1911 in a former residence. Six years later ten rooms for patients were added to the original three, together with operating rooms and laboratories, and in 1926, eight more rooms and other improvements were added. It is a twenty-one-bed hospital, and does a small percentage of charity work.

Alpena has Donald McRae Hospital, opened in 1916 in a remodeled dwelling. The original capacity was eighteen adult patients, three children, and five bassinettes. In 1927 this was raised to the present twenty-one adults, three children and five babies. At this time, X-ray department, laboratory and sun parlor were added and the minor equipment renewed. As was the purpose of the founder, whose name the hospital bears, some charity service is rendered. There is also a fund, amounting to $300.00 or $400.00 a year, that was established for free treatment of children.

Eaton Rapids has Harriet Chapman Hospital, opened in a remodeled residence in 1918, and incorporated in 1921. It is a 20-bed hospital. The building and equipment were furnished by the founders and the institution is self-supporting and does considerable charity work.

At Grand Haven, Elizabeth Hatton Memorial Hospital was established in 1919, by private endowment. It occupies a remodeled private residence, cares for twenty adult patients, and operates an eight-bed nursery. An annual "drive" covers the deficit in operating expenses.

At Owosso, a large institution called the Memorial Hospital is administered by philanthropic organization. This was temporarily established in 1919, with twenty-one beds. In 1921, it occupied a new building, and has further expanded in 1925 and 1926. Memorial Hospital is a 100-bed institution. This includes a children's ward. It is standardized and has an X-ray department with laboratory, isolation unit, and nurses' home.

In 1924, at Hart, Oceana Hospital was established. Occupying a remodeled residence, it increased its capacity from ten to twenty beds four years later, and improved its equipment. It includes a nursery, operating room, obstetrical room, X-ray room, and laboratory. Situated in a village of about 1,800 inhabitants, it cares for some 420 patients in a year. A tenth of its work is charity.

At Marshall, Oaklawn Hospital was opened in 1925, being endowed by the Ella E. M. Brown Charitable Circle. It occupies a former private residence that was originally a seminary for girls. It is a twelve-bed hospital.

Addison Community Hospital was opened in 1922 at Addison, with a three-bed capacity, increased to five four years later. As a community organization this little hospital is under board control. Its building is owned by a local doctor, B. H. Growt, who also makes up the annual deficit in running expenses. Local county work is done at a nominal charge.

Shelby Community Hospital was established at Shelby in 1925, in a building erected for the purpose. Three years earlier, a local woman, Miss Agnes Morningstar, had opened her home to the sick. The local doctors, besides subscribing to the new building, furnished the operating room and minor equipment. Churches furnished rooms. During the second year the doctors furnished X-ray apparatus and the nurses a metabolism outfit. On the business side, Shelby Community Hospital is two-thirds an investment by nurses and one-third by the community. Its income amounts to about $8,000 a year, and its charity work to $500.00. It is a fifteen-bed hospital.

At Charlotte, a Community Hospital was established in 1925, in a remodeled dwelling. It is an eleven-bed hospital that serves the city and surrounding country for emergency, without charge.

Sturgis has Sturgis Memorial Hospital opened by personal endowments in 1925, in a building erected for the purpose. During its second year the institution added X-ray departments and laboratory, and in its third year metabolism equipment. The hospital has thirty-two beds and eight cribs and is standardized.

In 1926, at Niles, Pawating Hospital was established. Private donors purchased a large residence property, remodeled and equipped it, and conveyed it to a local hospital association. The institution has thirty-three beds and has fulfilled all the requirements specified for a standardization.

In 1928, Thomas G. Huizenga Memorial Hospital was founded at Zeeland. Housed in a building that was originally a private residence, it has fourteen beds and three cribs. It has X-ray equipment and is standardized. The hospital is partly endowed, and its major work is charity.

Professional or Business Auspices

The private hospital, operated from professional or business motives, seems, in some instances, to be the modern form of the pioneer practice of taking patients to board in the doctor's home. In other cases, it is an institution grown out of specialization in medical and surgical practice.

At Pinckney, Livingston County, a village of only 500 inhabitants, a sanitarium was opened in 1902, in a remodeled dwelling house, which was burned in 1925. The institution then acquired a new building with modern equipment for surgery and physiotherapy. It does a 90 per cent surgical and obstetrical practice, taking a few medical cases. It has a fifteen-bed capacity.

At Ann Arbor, Dr. Reuben Peterson has operated a private hospital since 1903. He remodeled for the purpose a former fraternity house. The hospital takes care of obstetrical, gynecological, and surgical patients; and has a ten-bed capacity. At one time Dr. Peterson provided accommodations, by purchasing adjoining property, for forty patients, but increased duties at the University Hospital necessitated a more limited work.

Dr. D. M. Cowie operates at Ann Arbor a private hospital that he opened in 1912, beginning as a diagnostic hospital of four beds. The present building was remodeled by adding to a brick residence a third story; also kitchens and dining rooms. Automatic electric elevator, running water in every room, and baths attached to wash rooms are features. Equipment is complete for both medical and surgical service; X-ray work is done at the University Hospital. Dr. Cowie's hospital can take care of twelve patients, and stands on the accredited list. Ministration to semi-indigent gentlefolks is a pleasant feature.

At Ishpeming is a Finnish private hospital. Dr. I. Lingren founded it in 1903; Dr. H. Holm operated it from 1911 to 1921. At the later date, Dr. J. Talso, the present owner, acquired it. The building was remodeled from a dwelling house. Finnish Hospital receives both surgical and medical patients. It has thirty-five beds, and is standardized.

At Morenci, Dr. Charles C.. Blair operates the Hal C. Blair Hospital, which he opened in 1908, as a memorial to a son who died from accident. An office building was enlarged for the purpose. The hospital has five beds. and receives only emergency and surgical cases. Arrangements are made with the township supervisor for part pay for the poor.

At Lakeview, Montcalm County, Dr. L. E. Kelsey and Lillian McQ. Kelsey operate Kelsey Hospital, which they established in 1908, in a building erected for hospital, office, and family residence. Additions were made in 1913, including a new operating room. Modernized equipment has been installed, including X-ray machine. Kelsey Hospital has an eleven-bed capacity, and receives mainly surgical patients.

At Goodrich, Genesee County, Dr. A. S. Wheelock operates Goodrich General Hospital. He began it in 1916 as a fifteen-bed hospital, in a building erected for the purpose. He added ten beds to the capacity in 1918. Complete physiotherapeutic and X-ray departments have been added more recently. The patients are mostly surgical. Goodrich Hospital is standardized. The fees of patients are the only support, and charity service is limited.

At Battle Creek, Dr. Rowland H. Harris operates Maple Street Hospital, which he established in 1920, expending $30,000.00 on the remodeling of a large dwelling house. The equipment, both domestic and surgical, has been kept in thoroughly modernized condition. The patients are surgical, save for a few obstetrical and medical cases. Maple Street Hospital has been twice inspected by the American College of Surgeons, but falls short of standardization because its capacity is only eighteen beds. Dr. Harris supplies considerable hospital deficits, and it is possible that the institution will be acquired by Nichols Memorial Hospital.

Dr. R. L. Wade, having previously operated Wade Hospital, at Fremont, Indiana, established Wade Memorial Hospital at Coldwater in 1922. Starting as a seventeen-bed hospital in a remodeled dwelling house, he increased the capacity to twenty-five beds in 1924. The hospital has X-ray apparatus, clinical laboratory, and obstetrical equipment. Medical, surgical and obstetrical cases are cared for. It is not standardized. Branch County employs Wade Memorial Hospital to take care of county patients.

Tweedie Hospital is operated at Sandusky, Samlac County, by Drs. G. S., G. E., and S. M. Tweedie, surgeons. Founded in 1923, it was the first hospital to be set up in the community. It occupies a remodeled office building, and has a six-bed capacity. Some patients are cared for without charge, although the institution has no endowments and receives no gifts.

Dr. N. W. Miller opened Miller Sanitarium and Hospital at East Grand Rapids in 1926. The building was erected for hospital purposes and improvements have been continually added. The sanitarium and hospital have a twenty-five bed capacity each. The sanitarium receives medical patients, the hospital surgical and obstetrical. The institution has received a favorable report of the American College of Surgeons, but has not arrived at standardization.†

Local Government Auspices

The hospital operating under local government auspices, county or city, is a type that bears such a good report as to be a credit to American citizenship. The rather limited number and the comparative recency are indicative of the extent and of the priority of private philanthropy.

Eloise Hospital, owned and operated by Wayne County, dates back to 1839, when it started with fifteen patients. With a population of 4,600 inmates, and 350 employees, it is now too elaborate to be strictly representative of its class.

The present buildings were constructed for their purpose. They have all modern equipment, X-ray, deep therapy, and laboratory. There is a house staff of twelve doctors; also a visiting staff which is carefully regulated. There is an infirmary and a psychopathic department. The former is almost entirely charity; the latter is taken care of by Wayne County and by the state. The institution has recently become standardized.

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†Since beginning the preparation of this chapter, this institution has passed out of existence.

Huron County has Hubbard Memorial Hospital, situated at Bad Axe. It was erected in 1906 as a ten-bed hospital, and was given to the county by a donor who wished to have the sick cared for at the least possible cost. The rates range from $2.50 to $3.00 per day, the township or county assisting where the patient cannot pay. The hospital is self-supporting. In 1912, an annex increased its capacity to twenty-eight beds.

Fairmount Hospital at Kalamazoo was constructed in 1913 by the city; and in 1918 was sold to the county. Improvement has gone on until there are six buildings in the hospital unit. X-ray work has been introduced, and up-to-date equipment installed. Special attention has been paid to out-of-door features. Fairmount Hospital takes care of tuberculous patients and of those suffering from contagious diseases, having fifty-one beds for the former, with prospect of increase to eighty-five, and thirty-five beds for the last. The service is to a great extent without charge to patients. An additional feature is arrangement by the state to take care of girls with venereal disease, in which department there are sixty beds.

Barry County has Pennock Hospital, located at Hastings. Established in 1916 in a former dwelling house, the hospital moved in 1924 into a building erected for the purpose and modernly equipped. It has a thirty-five bed capacity. There is a charity fund maintained by donations, and an endowed bed for child patients.

Jackson County Contagious Hospital, previously operating as Jackson City Hospital, assumed its present nature when the W. A. Foote Memorial Hospital was opened, 1916. The wings of the building were constructed for hospital purposes in the 1880's; the offices and staff rooms were originally a brick dwelling house. The institution has ordinarily many fewer patients than its full capacity, thirty-five. Three-fourths of its patients are paid for by city and county. It is a standardized institution.

Gogebic County has Grand View Hospital, situated at Ironwood. Projected in 1917, it opened, in new buildings, in 1924. Its equipment is of the latest type, and it is standardized. The capacity is ninety-six beds, fifty of them available for tuberculosis and the rest for general service, including contagious diseases. The county makes up the deficit incurred in caring for its sick poor.

Chippewa County has Chippewa County Memorial Hospital, located at Sault Ste. Marie. It was established in 1924, in a building erected for the purpose, has fifty-two beds, and is not standardized.

Oakland County has Oakland County Contagious Hospital. This was opened in 1926, in a building erected for the purpose. It has eighty beds and is not standardized.

The city of Jackson, in addition to sharing with the county in a contagious hospital and a tuberculosis hospital, operates a hospital for general medical and surgical service. An older Jackson City Hospital dated back to 1886. To relieve crowded conditions, a large new structure was built in 1916; and the institution, with some reorganization, carried on as M. A.

Foote Memorial Hospital. It has 125 beds and is standardized. All city cases are received.

Pontiac City Hospital was established in 1908 in a new building, was added to in 1914, and more extensively in 1922; in 1928 the city issued bonds to the amount of $100,000.00 for further improvements. It does medical, surgical and obstetrical work, and receives casualty cases. It has a seventy-five bed capacity, but is not at present standardized.

South Haven has a City Hospital that was established in 1908, in a building erected for hospital purposes. It does a general work, has thirty beds, and is standardized. There are no free beds, but Van Buren County sends some patients, paying $2.50 per day. It is operated by the city and use of hospital is not restricted to patients of any church or industrial organization.

Bay City General Hospital was founded in 1910, and under the name Detention Hospital was used for contagious cases until 1921. At that time this service was set up in a building on neighboring ground; and the Hospital assumed a general work, a room being equipped for operating purposes. It has thirty-five beds, but is not standardized. The Welfare Community Fund takes care of charity cases.

Holland City Hospital began in 1917, under philanthropic auspices. An association was formed by benevolent citizens who secured funds by subscription. After one year, the city took over the hospital. It was housed in a remodeled dwelling, and had a fifteen-bed capacity. In 1927, the city erected the present very fine building from funds that were the surplus earnings of the municipal electric plant. The hospital does medical, surgical, and obstetrical work, has sixty-three beds, and is standardized. It is the first and only hospital ever established in the place. The churches employ it for the care of their indigent sick; and the City Poor Commission pays for service to the public poor. This institution is outstanding as one of the most beautiful, modern and best equipped hospitals in the state.

Ypsilanti owns and operates Beyer Memorial Hospital, which was established in 1918, in a building erected for the purpose. X-ray equipment and McKesson gas-oxygen machine were acquired in 1927. It is a twenty-five bed hospital, does a general work, and is about becoming standardized. The city budget makes provision for such patients as cannot pay.

Highland Park General Hospital was founded in 1918, but did not open for patients until 1921. It operates in three departments, treating psychopathic and contagious cases in addition to general work. In the general department there are one hundred and twenty beds, fourteen of them for children and twenty-five for obstetrical cases; for contagious cases there are twenty-six beds, and four for psychopathic patients. The Public Welfare Department of the city pays a considerable portion of the hospital charges. The institution is standardized.

The City of Fremont operates Gerber Memorial Hospital. It was established in 1919 in a remodeled private house. In 1928 a fifteen-room addition was made. It is a twenty-bed hospital. The taking of the sick into homes as boarding patients has spared more extensive public provision.

In Lansing, which owes a large general hospital to secular philanthropy, the City Health Department operates a sixty-bed hospital for contagious diseases. This was established in new quarters in 1922, having operated during the three years preceding in a second-hand structure. Ingham County pays much of the expense.

Albion has the James W. Sheldon Memorial Hospital, which was established in 1924. Previously there has been the Albion City Hospital, dating from 1908. The new hospital has a fifty-four bed capacity, more than double that of its predecessor. It receives medical, surgical and obstetrical patients, but has only limited means for charity work. It is standardized.

Wyandotte has Wyandotte General Hospital, built and equipped and presented to the city as a family memorial to Capt. J. B .Ford (the founder of the Michigan Alkali Company). Previously there had been Eilbert Memorial Hospital, presented to the city by Mrs. Fred Ginzel, but discontinued on the opening of the new institution in 1926. Wyandotte General Hospital is under the management of a board of directors appointed by the mayor of the city (for a term of five years). It is thoroughly equipped for medical, surgical, and obstetrical work, has X-ray department and laboratory, and conducts out-patient clinics. It accommodates between sixty and seventy-five patients, and was approved by the American College of Surgeons before the close of its second year. The charity aspect of the hospital is interesting. The city meets the cost of the public indigent. The Detroit Community Fund finances the out-patient department. The Kiwanis Club supports a free bed.

State Government

The State of Michigan has established and operates an array of hospitals that in proportion to its size is very respectable. The oldest are those attached to its penal institutions.[*] A little later appears the type that is an annex to a correctional or benevolent institution;[†] also the State Hospital for the Insane.[‡] There are state-supported hospitals for ex-soldiers.[§]

The Michigan State Pioneer Society had under advisement in 1882 a demand for a Pioneer Hospital. Its committee reported at the annual meeting of that year that after extensive inquiry, it had been able to find but little among the numerous institutions organized by philanthropy for the comfort of the aged and needy that was adapted to the necessities of the class composing the Pioneer Association. It recommended nothing definite in the form of a proposition for a Pioneer Hospital, but laid before the society some "crude suggestions embracing the idea of a Pioneer Home." The old soldier seems to have fared better at the hands of the state than the old settler.

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[*] Hospitals Attached to Correctional and Penal Institutions: Michigan State Prison Hospital (Jackson, 1839), 60 beds, out-patient department; Boys' Vocational School (Reformatory, Lansing, 1852), 50 beds, out-patient department; Michigan State Reformatory, Ionia (1877), general department—20 beds, tuberculosis department—50 beds; Girls' Training School Reformatory, Adrian (1879), 5 beds; Hospital of the State House of Correction and Branch Prison (1901), 24 beds, out-patient department.

[†] Hospitals Attached to Benevolent Institutions: Michigan School for the Deaf, Flint (1852), 36 beds; State Public School, Hospital and Nursery (Coldwater) (1860), 110 beds, out-patient department; Michigan Home and Training School for Backward and Mentally Defective Children, Lapeer (1895), 2,800 beds, out-patient department; Michigan Farm Colony for Epileptics, Wahjamega (1914), 950 beds.

[‡] Hospitals Attached to Institutions for the Insane: Kalamazoo (1859), 2,419 beds; Ionia (1885), 575 beds; Traverse City (1885), 2,038 beds; Newberry (1895), 1,160 beds.

[§] Hospitals for Ex-soldiers: Michigan Soldiers Home Hospital, Grand Rapids (1886; new building, 1906), 200 beds, out-patient department; American Legion Hospital, Battle Creek (1921), tuberculosis, 350 beds.

Neither was the legislature very promptly responsive to the urge of the State Board of Health to have a care for contagion and for the diseases that are a special plague. Dr. J. B. McNett, who had arrived at Grand Haven in 1858, said to his fellow pioneers in 1885: "We are often told how to treat scarlet fever. I have had on the sawdust, in a room just large enough to contain a cook-stove and two beds, five patients sick with scarlet fever of a malignant type. Surrounded by filth and bad water, they made a good recovery in spite of all draw-backs."

From 1873 onwards, the State Board of Health was uttering repeated pleas for isolation hospitals. In 1893 it issued a notable statement as to the prevalence of communicable diseases at Detroit, with recommendations for their restriction. In 1894 a bill was drafted under the direction of the board for the establishment of a State Hospital for Consumptives. At the session of the legislature for 1895, it was introduced into both houses; and in neither did it get so far as to be reported out of committee. (One decade later, the Michigan State Sanatorium for Tuberculosis was established, located at Howell, at present an institution with 234 beds). In 1915, the nucleus of a general hospital was added to the Traverse City State Hospital that had been established in 1885 to take care of nervous and mental diseases. It was brought about largely through the efforts of Dr. James Decker Munson, whose name it bears. Having started in an old farm house on the State Hospital grounds, it acquired a new building in 1925. It is a standardized hospital with fifty-seven beds and a twelve-basket nursery. It does not undertake to relieve the county of charity cases. It is managed by the superintendent of the neighboring hospital for nervous diseases and by the State Hospital Commission. In origin and management, James Decker Munson Hospital is unique.

The fact that the largest educational institution in Michigan is a State University including a department of medicine has resulted in a great hospital for the training of students, located at the University town, Ann Arbor. In the "History of the University," published in 1901, it is written: "In the year 1868 one of the professors' houses on the north side of the campus was fitted up and occupied as a University Hospital." And again, "In 1891, the new hospital, accommodating about eighty patients, was occupied and immediately filled. During the year ending June 30, 1899, the hospital received 1788 patients." Over the period 1872 to 1920, a College of Homeopathic Medicine had a separate existence. It was at first granted the use of a wing built on to the old dwelling referred to; it then fell heir to the building as a whole. In 1900 it was provided with a new hospital building, the town donating the site. When the college was terminated, the regular department of medicine succeeded to the property.

A Psychopathic Hospital was established at the University in 1906; it has 62 beds and an out-patient department. In connection with the Student Health Service, an infirmary with twenty beds was established in 1922. In 1920, a hospital with forty beds and out-patient department was established at Michigan State College of Agriculture and Applied Science, East Lansing.

TUBERCULOSIS

The battle of the doctor and the nurse with tuberculosis is a topic unto itself. The sanatoria that have been established in the crusade against the White Plague cross the lines of all the types of hospital management. Although the State Board of Health had to wait ten years on the legislature, 1895 to 1905, Michigan was one of the first states to establish a sanatorium for the treatment of tuberculosis. An enabling act was passed by the legislature of 1905, authorizing the governor to choose a site and build a sanatorium. The bill carried an appropriation for maintenance for one year. The site was chosen at Howell, where buildings were erected and the first patients admitted in August, 1907. The institution has been gradually enlarged until it has about 225 beds. A building program is now under way, which will double its present capacity.

About ten years ago the value of local real estate was becoming more apparent and the policy of state aid to these institutions was adopted. This has resulted in the building of twelve county and city sanatoriums accommodating 1,782 patients. There are also five private institutions with a total capacity of 855 beds. An efficient working program for the care of those suffering from tuberculosis in a given community calls for one bed for each annual death. Michigan's toll from tuberculosis in all its forms is about 3,000 per year. The total number of beds now available is 2,637, this leaving the state still in need of at least 375 beds to care for its tuberculous patients.

The Detroit Tuberculosis Sanatorium, a private semi-charitable institution, opened in 1910 with fifty beds in a building erected for the purpose. Gradual addition has brought the number of beds to one hundred and eighty-five. In 1926, the same management established the Frank B. Leland After-cure Farm at Ypsilanti, with new building and X-ray and bacteriological laboratory. The farm takes care of 100 incipient and after-cure cases.

The great Herman Kiefer Hospital, operated by the Health Department of the City of Detroit, established a tuberculosis division in 1911. It opened with fifty beds, gradually increased to 235, to which a hospital very recently opened adds three hundred. The institution enjoys Grade A by American Sanatorium Association standards. Its work is almost exclusively charity. The Detroit Health Department has also established, 1922, William H. Maybury Sanatorium at Northville, in Wayne County. This opened with a capacity for 400 patients, already increased by fifty-four, and preparing for a further increase of 175 within the year 1929. The William H. Maybury

Sanatorium receives pay for fewer than 5 per cent of its cases. It likewise belongs in Class A.

The city of Grand Rapids operates Sunshine Sanatorium, which had its beginnings about 1911. Like the public sanatoria at Detroit, it makes no provision for children. Patients pay according to ability, very many of them being maintained by the city. Sunshine Sanatorium belongs to Class A.

The concern of the leading cities for the stamping out of tuberculosis is worthily seconded by the concern of leading counties. The following sanatorias are supported by the county with state aid, in the form of $1.00 per day for each indigent patient. Morgan Heights Sanatorium, Marquette County; Houghton County Sanatorium; Fairmount Hospital with Provision for Tuberculosis, Kalamazoo; Ingham County Sanatorium; Muskegon County Sanatorium; Oakland County Sanatorium; and Calhoun County Public Hospital. There is also Delta-Menominee-Dickinson Sanatorium, a tri-county institution located at Powers. The first five of these date back to the 1910's; and in the 1920's improved plant and equipment to the standards of Grade A. The rest have been founded in the 1920's at Class A standard. All of them make provision for receiving children. Oakland County Sanatorium, at Pontiac, has a capacity of 165 beds: Morgan Heights Sanatorium, at Marquette, and Muskegon County Sanatorium, at Muskegon, seventy-five beds; the others about fifty beds. Gogebic County operates Grand View Sanatorium, which was begun about 1921, and can take care of ninety patients. This is not a charity institution; but an out-patient nurse is supported in part by sale of Christmas seals.

Calhoun County operates a hospital for tuberculous patients under the name Calhoun County Public Hospital. The institution is located at Battle Creek, and was opened in 1924, action having been taken in 1921 to purchase the site and work out building plans. An account taken three and a half years after opening, September, 1927, showed that $265,758.46 had been expended on land, buildings and equipment. The institution meets all the requirements for receiving funds for the state under the act of 1925. It has fifty-five beds; and its work is almost entirely charitable.

There is a private institution for the care of the tuberculous, called Pine Crest Sanatorium, located at Oshtemo. It was founded on a small scale in 1919, and gradually increased its capacity to fifty beds. It is built on the cottage plan, and all of the structures that patients occupy were erected for that purpose. Curable patients are preferred.

The University Hospital at Ann Arbor set apart a fifty-bed unit for tuberculosis cases in 1927, finding space in the former orthopedic ward, slightly remodeled. The grade of this new feature seems not yet to be established. Most of the patients are paid for by the state or by counties.

East Lawn Sanatorium at Northville is an institution carrying on under private auspices from a temporary government provision for World War tuberculosis victims. It occupies an estate which includes a mansion remodeled for present purpose and cottages for convalescent or ambulant cases.

It has seventy beds and does not receive children. A tenth of its work is charity.

Among the institutions that make Battle Creek one of the hospital centers of the state and of the United States, at least until the generation of World War ex-service men shall have passed, is the American Legion Hospital. Its original building was the Michigan State Community House for Camp Custer. Its policy is to admit any tuberculous ex-service man who was honorably discharged and is a resident of the state of Michigan. It was opened in 1921, having at the time 126 beds, but has increased its capacity to 350 beds with an additional one hundred possible. The hospital belongs to Class A. It has laboratory, solarium, provision for artificial heliotherapy, X-ray equipment, and dental facilities. A very gratifying feature is the occupational therapy, carried on in a special building by three instructors.

Federal Government

The Federal Government is now operating hospital institutions at six places within the State of Michigan. The oldest of all the hospital organizations in the state in point of continuous service is Station Hospital of the United States Army at Fort Brady, Sault Ste. Marie. It was organized in 1822, about the time when American troops were first stationed at this Fort. It is now classified as a standard ten-bed army hospital; and its use is restricted to the United States Army personnel.

From 1861 dates Station Hospital of the United States Army at Fort Wayne.

The legacy of the World War is two establishments of major size at Camp Custer, Station Hospital for the United States Army dating from 1917, 146 beds, and the United States Veterans Hospital No. 100, an institution for nervous and mental diseases, organized in 1924, with 532 beds. Also Station Hospital at Selfridge Field, Mt. Clemens, which was built in 1917, to function for the flying field, a wooden structure of cantonment type, of twenty-bed capacity, and emergency possibilities of twenty additional. It has the improved equipment except heliotherapy, hydrotherapy, and therapeutic appliances. Its services are restricted to the United States Army personnel and their dependents. Under the United States Indian Service is the Indian School Hospital built in 1895. It has grown with the enrollment of the school, and now has thirty-five beds; its services are limited to pupils of the school, all Indians, and to employees of the school.

United States Marine Hospital No. 7, at Detroit, calls for a fuller notice; because the navigation of the Great Lakes is a larger feature of the life of the state than is the Army post or the nation's Indian wards. There is a memorial in Governor (Gen.) Lewis Cass' own handwriting, dated October 28, 1829, and addressed to the Congress of the United States by the Legislative Council of the Territory of Michigan, which recites the fact that no hospital facilities for the Merchant Marine existed at Detroit, although shipping on the Great Lakes was increasing rapidly. A public land endowment was proposed according to the federal fashion of encouraging common school education. Twenty years passed before the Treasury Department looked into the expediency of a Marine Hospital at or near Detroit. At that date, the *Mid-Century,* a local newspaper, published an estimate that 75,000 seamen, appropriate beneficiaries of the Marine Hospital Service, came to Detroit every year. In 1854, Congress provided building funds, the state having ceded a building site at what is now the southeast corner of Jefferson and Mt. Elliott Avenues. The building surpassed everything at Detroit for scientific construction; and its appointments, which included hot air heating, supplemented with fire-places, and hot and cold water on each of its three floors, were something luxurious. On November 30, 1857, federal beneficiaries were transferred from the local hospitals at Detroit, which were of most meager extent at the date, to the Marine Hospital. During each of the wars that have occurred since this hospital was established, it has been very active in caring for patients belonging to the military forces of the United States. During the 1870's, 1880's, and into the 1890's, the activity of the Marine Hospital was at a low level as compared with its later history; and the fact seems to connect with the treatment of it as a political plum while the spoils system was doing its worst to the public service. The hospital is at present a standardized institution with eighty beds, operating under the United States Public Health Service.

History of Nursing in Michigan[†]

The basis for all nursing was the care that the mother bestowed upon the members of her household in time of illness. Her anxiety for her loved ones, along with her desire to give aid and relief to the suffering, made her gentle and painstaking in the methods she used. At first, the mother was concerned with her own family, but as settlements grew larger, she would offer her services to a neighbor in time of trouble. Apparently there was no need for greater skill than that acquired by experience within the family and the neighborhood. Certain women, however, were handier in caring for the sick than their neighbors; naturally they would be called into service very often. Gradually, women, because of their natural inclination and repeated experience, were set aside by the neighborhood to minister to the sick. These women were called nurses.

[†] To Miss Marie Belle McCabe, of Grand Rapids, should go the credit for the portion of this chapter on nursing.

She bestowed many months of hard, painstaking work upon the gathering of the material, and has selected, arranged and drafted it. My part has been merely to give a certain direction to the project, to add a bit here and there, and to edit the manuscript. Some of the items, particularly her descriptions of nurses' uniforms, reflect clearly a feminine viewpoint and could not have been readily conceived by the masculine mind. We believe that they will be appreciated by our women readers.

We think that the facts contained in the chapter are essentially correct, although necessarily Miss McCabe was obliged often to rely on the personal recollections of those who have been devoting their lives to this field of endeavor. For lack of space and because our sources of information were to a considerable extent limited, much that would have been of interest has been omitted or passed over with brief mention. We regret that questionnaires remained sometimes unanswered and that we thus have not had access to data upon which an adequate account might have been given of certain nursing institutions and the work of individual contributors to this field.

We believe that our readers will find in this chapter not only a brief history of nursing in Michigan, but also a short, reliable account of the present state of many of its institutions. (R. R. S.)

As communities grew, the limits of friendship were less observed and women skilled in giving aid to the suffering were called into homes of strangers and would receive remuneration for their services. This was the beginning of the practical nurse for hire, and for decades she was sufficient for the needs of the people.

A curious transformation occurred. The gentlewoman retired from nursing, leaving this service for the menial to perform. Then we find the Grace Pools and the Sairey Gamps of literature, with their slovenliness, drunkenness, and immorality. When hospitals were first established, the nursing was done by these untaught hirelings. Since these nurses were also the scrub women, the scullions and the cooks, and all this for a very small wage, they were usually of inferior mental capacity and desirability. They were often morally vile and incompetent. As a reaction to these distressing conditions, arose the ideals that brought into being the nursing profession as it is known today.

Florence Nightingale, back in the first half of the nineteenth century, had the vision of what type of person should be entrusted with the care of the sick. She knew that intelligence, cleanliness and morality were fundamental characteristics. When she established her training school for nurses in England, the pupil nurses were selected with these qualities in mind. With the rise of scientific medicine and surgery, physicians recognized that the care the patient required was too complicated and exacting to be entrusted to the untrained, old type nurse, and they were ready to help usher in a new order of nurses. Nurses of high ideals of service had a difficult task, however, in obtaining recognition. Doctors and the public were accustomed to the unskilled and ignorant nurse, and were slow to accept the intelligent, educated woman whose training made it possible for her to follow orders accurately in the scientific care of the sick and whose presence in the sick room added so much to the mental comfort of the patient.

Michigan felt the need of the nurse many years before she arrived. In a history of Detroit published in 1834, the lack of a sufficient number of nurses to care for the sick and for orphans was mentioned with regret. And later in that year, when the whole vicinity was suffering with cholera, Father Kundig organized a Catholic Female Association, whose members would devote their time to nursing as long as the community needed them. Even at the time of the Civil War, there were no trained nurses. There were a few hospitals in the state, but the care of the patients was intrusted to convalescents and hired men and women. The first University Hospital at Ann Arbor was built in 1869. The early records show that the male patients were cared for by the handy man about the hospital. Two practical nurses were employed to attend the women patients. Another hospital, at an early date, recorded that it was difficult to have all patients cared for properly. The hospital paid wages varying from $3.00 to $10.00 a week for practical nurses, but there was never any assurance that the new day would find a complete corps. The women employed were very unreliable and would resign their positions without notice. It is also recorded that the hired nurses were likely to neglect the disagreeable patients when caring for the kindly disposed was more congenial to them.

The Michigan hospitals were not unique; these conditions prevailed all over the country. The way out of the difficulty was met by Bellevue Hospital in New York, by establishing a training school for nurses in 1873. Sister Helen, a Roman Catholic nun, who had been associated with Florence Nightingale, was secured to open the school. Within six years from the date of the establishment of this first nursing school, nine other schools were started; most of them in the East.

When the Sisters of Charity and the Sisters of Mercy began to come into Michigan, they established asylums for the sick and the friendless. They could not pay for the nursing of their charges, therefore they started training women who could help them in this needed work. At first, the training was offered to sisters and novices of the particular order, but after a time, the need for trained nurses who could go out into the community was so great that the privilege was extended to the laity.

Many physicians associated with the early Michigan hospitals realized that the way to have trustworthy nursing for their patients was to provide some sort of training. Dr. John Harvey Kellogg, a young physician coming into Michigan from New York City to take charge of the Battle Creek Sanitarium in 1874, found that if he was to have skillful nurses for his surgical and medical patients, he would have to train them himself. He was a student in Bellevue Hospital Medical College when the training school for nurses was established. Since he knew what might be accomplished, he began giving short courses for nurses and attendants. The course increased to six months and included technic in hydrotherapy and massage. Gradually the course was extended and a formal training school for nurses was opened in 1883. At the time Dr. Kellogg was teaching men and women how to give skilled care to his critical cases, the doctors of Harper Hospital in Detroit were feeling keenly the need for trained nurses. The result was the opening of the Farrand Training School for Nurses in 1883. The school was named in honor of Dr. David Osborne Farrand. The idea upon which this school was founded was, "That it should be a school open to women of culture and stability, who would become pupils with a view of making nursing a life work, and it should be so well established that eventually it would furnish trained nurses not only for Harper Hospital, but for the community at large." In the establishment of each training school in Michigan, the purpose was evidenced by some such expression as "in response to the community's growing need for graduate nurses."

Up to 1890, Michigan had four training schools for nurses; one in Battle Creek, one in Detroit, one in Grand Rapids, and one in Saginaw. The next decade saw twelve more schools established, and, strange to say, all twelve were in the immediate neighborhoods of the early ones. However, from 1900 through 1910, twenty other training schools were founded.

These were distributed over the state, three being in the upper peninsula. There were a number of schools which, for one reason or another, ceased to thrive and went out of existence. At the present time, there are forty-nine accredited schools of nursing in Michigan, all endeavoring to give careful training to their students.

During the infancy of the early schools, there was little uniformity in class instruction or in subject matter. The degree of proficiency of the training was in direct proportion to the vision of the superintendent of nurses and her advisory board. There also was wide variation in the age requirement for entrance. Some of the training schools would enter any adult, while some limited the age, as did Blodgett Memorial Hospital, to women between the ages of 25 and 35. Little attention was paid to preliminary education. Marked attention however was paid to high moral character, good disposition, and good health. The candidates were obliged to qualify in these three attributes. One early school deemed proficiency in house work before entrance a very desirable accomplishment.

Since the organization of the Michigan State Board of Registration of Nurses in 1910, there has been a greater uniformity in the courses offered and in the choice of subject matter in the training schools throughout the state. The entrance age limit is now defined to be eighteen by law, but there are still training schools that refuse entrance to those so young. The Farrand Training School of Harper Hospital requires that the applicant be at least nineteen. Michigan law also demands that the applicant shall have completed the tenth grade before entering a training school. In this respect. again, Michigan training schools show some variation. Although no accredited school enters a student with less than two years of high school, several schools expect three and four years. The training schools in connection with the following hospitals demand the completion of high school before a pupil is accepted: University Hospital, Ann Arbor; St. Joseph's Hospital, Ann Arbor; Harper Hospital, Detroit; Children's Free Hospital, Detroit; Henry Ford Hospital, Detroit; Battle Creek Sanitarium and Hospital, Battle Creek; Mercy Hospital, Grayling; St. Luke's Hospital, Marquette; Hackley Hospital, Muskegon; Edward W. Sparrow Hospital, Lansing; Blodgett Memorial Hospital, Grand Rapids; and St. Mary's Hospital, Grand Rapids. At the present time, regardless of the legal requirements, student nurses themselves realize the value of good preparation, and most of them enter the training school only after the completion of a high school course. The State Board of Registration of Nurses, in going over its files for 1929, found that 79.8 per cent of the nurses applying for registration had a high school diploma. Only 15.6 per cent of the nurses seeking registration were adhering to the minimum requirements. The State Board, also, finds that each year shows an increasing number of graduate nurses who have had a partial or complete college course.

The length of time spent in training has increased. At first some of the courses were but six months long, others as long as eighteen months.

But by 1900 all of the better schools of nursing gave a training of at least two years. The law limits the course to a minimum of two years; at present, all but five of the schools offer three year courses. Three of these schools affiliated with the State University or colleges combine in five year courses, and graduates obtain a Bachelor of Science degree. The five training schools with courses less than three years exceed the minimum two years by six months.

Class work in the early training schools did not occupy the important place it does today. Staff doctors did much in the instruction of student nurses. Naturally it was done in a rather haphazard way, for it was difficult for the physician to fit the work of instruction into his daily routine and classes were held with too little regularity. The superintendent of nurses was, of course, held responsible for the instruction of the pupil nurses and she helped them in nursing procedures. She, also, with many other duties to fulfill, was likely to find her day too full for formal class periods. One school records that for the first three years of its existence it averaged eight lectures a month to student nurses. A report of the superintendent of another pioneer hospital states that no lectures had been given to the nurses that year. She hastens to say that the fault did not lie entirely with the doctors. The work was too heavy for the number of workers, and the nurses had no time to attend classes. But the elaborate course of study outlined by the National League of Nursing Education in 1927 shows how far nursing education has advanced since its inception in 1880.

Not only has the course of study become more inclusive and technical, but also the instruction has become more regular and assured. Getting away from the early days in which physicians and superintendents of nurses assumed the entire responsibility of educating the young nurses, every training school today employs a registered nurse for this purpose. Some of the larger schools employ several such instructors. Many of the training schools are augmenting this teaching with that of experienced teachers outside the medical and nursing professions. In 1912, the Children's Free Hospital of Detroit enrolled their students for a course in chemistry given by the Cass Technical High School. Soon other training schools began sending their probationers to Cass for instruction in the basis sciences: chemistry, anatomy and physiology, bacteriology, dietetics, psychology, materia medica, and dietotherapy. The plan gave the students the opportunity of receiving instruction from specialists in each of the sciences. Moreover, the instructors of nurses are given more time for following up the practical procedures in nursing technic. Making use of the public schools was next tried in Grand Rapids. Two of the hospitals, Butterworth and St. Mary's, sent their beginning students to the junior college for the basic sciences in September, 1918. The following fall, Blodgett Memorial joined them in the movement. With the rise of junior colleges throughout the state, other schools for nursing have followed this example and are sending their student nurses to the college for class work, or by having the college teachers meet the classes in the hospital. Many hospitals give their dietitians time to teach dietetics and dietotherapy to the nurses. Some hospitals employ registered pharmacists to hold the classes in materia medica. Two of the hospitals founded by the Sisters of Mercy have engaged priests to teach the nurses psychology and ethics. It is interesting to note that in both cases the priests hold Ph.D. degrees in psychology. It is not to be questioned that nursing procedure and clinical instruction must be given by nurses and doctors, since they are expert in these fields. More and more our hospitals are arranging with doctors, as well as with instructor nurses, to carry on this work. The present directors of training schools are putting forth a painstaking effort to secure an expert teaching force.

Three of the Michigan schools for nursing are affiliated with institutions of higher learning. They permit their students to take academic work leading to a Bachelor of Science degree and to have the hospital training at the same time. These schools offer a three-year course as well. The University of Michigan grants a B.S. degree to students in the University Hospital School for Nurses who complete the five-year course. The Edward W. Sparrow Hospital for Nurses is affiliated with the Michigan State College at East Lansing for the five-year course. Battle Creek College receives the nurses from the Battle Creek Sanitarium and Hospital School for Nurses when they enroll for the five-year course. Nurses receiving degrees from these three institutions must have met all entrance requirements of their college. Those graduating after the five-year course must be examined by the State Board before they are permitted to use the title of R. N.

Michigan schools for nurses not only offer a very excellent opportunity for training in their own hospitals, but they sponsor scholarships and loan funds that enable their graduates to study further. The Farrand Training School of Harper Hospital, Detroit, offers an annual scholarship from the Lystra Gretter fund that may be used for advanced study. The Foster Foundation of Grand Rapids grants $1,000.00 each year to a nurse graduating from any one of the three local hospitals. It is awarded to the nurse who passes with the highest mark a competitive examination which is given to representatives from the three training schools. The Michigan State Nurses Association now maintains a fund from which two loan scholarships may be granted each year. One scholarship may go to the graduate nurse who wishes to enter a Class A college. The other scholarship may go to a graduate nurse desiring to study public health nursing, provided the nurse selects a school with a well organized public health department. The Michigan State Nurses Association scholarships are granted to nurses who are between 23 and 45 years of age. All of these scholarships are granted to those who have had at least one year's experience. More and more the graduate nurse is encouraged, either by her own training school, or by other agencies, to do advanced study which will help her grow in her profession. It is recognized that the further development of the nursing profession depends upon graduates of unusual ability. With all other conditions equal, the nurse with the best training can make the most valuable contribution.

Nurses far removed from the conditions that controlled their lack of fitness in the early nineteenth century, and ever inspired by such leaders as Florence Nightingale to carry on against all odds, have developed into a glorious band of intelligent, expert workers, with ideals that are commensurate with the dignity of their service. The Michigan nurse has not been slow to fill her rightful place in the nursing activities of the world, and in many instances she has taken a leading part.

Michigan Schools for Nursing

"THE FLORENCE NIGHTINGALE PLEDGE"†

"I solemnly pledge myself before God and in the presence of this assembly, to pass my life in purity and to practice my profession faithfully. I will abstain from whatever is deleterious and mischevious, and will not take or knowingly administer any harmful drug. I will do all in my power to maintain and elevate the standard of my profession, and will hold in confidence all personal matters committed to my keeping, and all family affairs coming to my knowledge in the practice of my calling. With loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of those committed to my care.—(Mrs.) Lystra E. Gretter, Farrand Training School for Nurses, Detroit."

The number of young persons who at present select nursing for their life work has increased since the latter part of the nineteenth century. Up to the year 1890, there were less than fifty students enrolled in the training schools for nurses in Michigan. In 1921, 1,575 men and women were studying nursing. In making this comparison, it is only fair to state that by 1921 the number of training schools had so increased that any locality of the state was within a reasonable distance of at least one of them. The proximity of such schools possibly had something to do with the increased interest in nursing. Of course, the population of the state had increased. While these factors all contributed, there is no question but that the ideal of service and the glory of the profession made a very strong appeal to the young person of character. The nurse played such an unselfish and heroic part during the World War, that she won respect from all observers. Her growing interest in the social conditions of her own locality and of the world was making her an outstanding citizen. Young girls were attracted by the nurses and nursing activities, and so it is not surprising that many of them elected the profession. It is pre-eminently a woman's work.

Again, a nurse's training may be gained with comparatively little expense to the student. Usually no fee from the student is asked, and hospitals occasionally pay the student nurse a small sum to cover the expense of uniforms and books. This money is not considered a remuneration for what work she may do in the hospital. The cost of the training for each student is much greater than the actual money value of the service each girl can perform for the hospital. Training for no other profession can be gained at so little expense. Hospital boards feel that the service the trained nurse can give to the community more than pays for the training.

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†Pledge administered first to Farrand Training School, now adopted by many training schools throughout the state.

Years ago, when hospitals were less certain as to what should comprise a suitable training for the nurse, and the question was being debated as to what a nurse might owe the hospital for this training, the student performed heavy labors and worked long hours. It was a Michigan hospital, Harper Hospital of Detroit, that first established the eight-hour day for nurses. This standard day for women was not only accepted by other hospitals throughout our country, but also laws were passed to protect women in industry from a day too long to maintain good health. While Harper observed the eight-hour day for its students as early as 1891, some of the hospitals have only recently limited the nurse's working time to a fifty-six-hour week.

The purpose of many training schools today is not only to train the young nurse in the care of the sick, but to supply a carefully controlled social background as well. The "house mother," "social directors," and superintendents of nurses are awake to the needs for recreation and social contacts. The homes of the student nurses are more than housing quarters. They are homelike, have artistic living rooms, libraries supplied with books other than texts, and music rooms furnished with pianos, phonographs and radios. The well equipped kitchenette offers facilities for teas and suppers. Nurses are frequently given the opportunity for choral singing, public speaking, and dramatics. If the school has no gymnasium, it often rents one, and students may thus take part in basketball, folk dancing, and other indoor sports. Life in the nurses' home offers the same social advantages as that in the college dormitory. Thus the student nurse learns to balance her day with work and play.

Since 1880, when some kind of training was first offered in Michigan to persons who wished to care for the sick, many training schools have sprung into existence, some to weather the difficulties that beset them and others to fall by the wayside. Every hospital that offered a nurse's training contributed to the rise of the nursing profession in Michigan. When a hospital discontinued its training school, either because of the force of circumstances or for other reasons that seemed desirable, it did not withdraw from active service its graduates who were already raising the standards in the field of nursing. Nor was the influence which the school initiated during its existence completely lost when it no longer accepted students. Such a training school as the one connected with the Homeopathic Hospital of the State University was a pioneer in advancing nursing education. The Lockwood Hospital and Deaconess Home in Petoskey offered one of the first training schools in that section of Michigan. The nursing school at the Ann Arbor Private Hospital was disbanded when progress in the educational program and the facilities of the University Hospital School for Nurses made it possible for it to care for all the student nurses in the vicinity of Ann Arbor. Dr. Reuben Peterson and Miss Fantine Pemberton, the two persons who organized the Ann Arbor Private Hospital Training School for Nurses, were very active in developing a program for nursing education for the University training school. The training schools connected with the Paulina Stearns Hospital in Ludington, St. Joseph's Hospital in Menominee, and the Samaritan Hospital in Detroit were discontinued in 1923, after years of successful teaching. Unstable economic conditions caused the Calumet and Hecla Hospital of Calumet to dispense with its training school. The Newberry State Hospital stopped giving nurses' training after 1921. Today, along with six other hospitals, it offers a course for the training of attendants. This brief mention of those schools which have gone out of existence as such, and now live only in the lives of the nurses who were influenced by them, does not begin to evaluate their service. No more will be said of them, however. In the following pages only schools recognized by the State Board of Registration of Nurses and Trained Attendants in 1929 will be included. The schools will be considered in chronological order. Whenever possible, the oldest schools will receive special mention because they "blazed the trail" for the training schools that followed.

MICHIGAN COLLEGE OF MEDICINE TRAINING SCHOOL FOR NURSES, 1881

In 1881, the *Michigan Medical News* reports, "It gives us pleasure to announce the establishment in this city [Detroit] of a training school for nurses. The work has been undertaken by the Michigan College of Medicine, and the coöperation of a number of prominent citizens and ladies has already insured its success. The Michigan College of Medicine is entitled to credit for the innovation. For $25.00 and two years study and practice of their profession, they [the nurses] will receive $216.00 and be prepared to earn at least $10.00 a week in this remunerative and useful field of work for women." This notice is the only record of the training school which has been found. How long the school existed and how many nurses it trained are undetermined. Nevertheless, this school has the honor of being the first formal training school for nurses to be mentioned in print in Michigan.

FARRAND TRAINING SCHOOL FOR NURSES, HARPER HOSPITAL, DETROIT, 1883

Two schools for nurses were organized in the year 1883. These schools are outstanding today because of the breadth of their work and because of their influence in the development of nursing. Certainly a pioneer in nursing education in the middle West, as well as in Michigan, was the Farrand Training School honoring Dr. David Osborne Farrand. It was established in connection with Harper Hospital, Detroit. The only trained nurses this section of the country had known up to that time were from one of the very few training schools in the East or Chicago. There was also a dearth of physicians. Dr. Farrand, as well as other doctors, felt that medical service could be extended over a greater field if the physician could leave at the bedside of a critical case a reliable, skilled nurse. The Farrand Training

School was opened with the ideal of training women of culture and stability who were willing to make nursing a life work and who would care for the sick not only in Harper Hospital, but in the community as well.

The first principal was Miss Emma Hodkinson, a graduate of the Bellevue Hospital Training School for Nurses in New York City. The early entrance requirements were credentials of good health and character and a good education. Entrance was limited to women between 24 and 35 years of age. The length of training was eighteen months. While the curriculum was made up of but few subjects, the records show that from the beginning the program was systematically and carefully observed. The classes were taught by the principal. The subject matter for each course was very carefully selected to fit the supposed needs of the nurse.

If not from the first, at least at a very early date, the Harper nurse's uniform was made from a distinctive checked gingham manufactured in England exclusively for the Farrand School. The goods is now woven in this country, but the design has never been changed. Needless to say, the style of the uniform has been changed from time to time, as fashion dictates.

Mrs. Lystra Gretter, of the Buffalo General Hospital, became the principal within the first five years of its beginning. She guided its destiny for a period of twenty years. The purpose of the school has always been to keep pace with the demands of the community. Mrs. Gretter rearranged, lengthened, and added to the curriculum that these needs might be met. The eighteen months of training was extended to two years. This satisfied only for a time and in 1891 a three-year course was developed. The year 1891 was an important one for the nurses of Harper, as well as other hospitals, and for women in industry everywhere. Harper adopted the eight-hour day for its nurses. It was the first hospital in America to take such reform measures, and for several years it stood alone in this idea. The result of that radical step has been harvested by women in employment around the world.

The course of study has often been revised to meet the increasing demands upon the nurse. When Harper joined other Detroit hospitals in sending their beginning nurses to Cass High School for instruction in the basic sciences, the total corps of the school's instructors was maintained. This made a teaching force sufficient to give adequate supervision to the nurses on duty. Now the training school has its own class room unit, including a well equipped laboratory.

The Farrand Training School opened with a registration of seventeen pupils. Now the enrollment is two hundred. The entrance requirements have changed somewhat. Graduation from a high school is considered the minimum educational background and an applicant may be accepted if she is as young as nineteen.

During the forty-six years that Farrand has been training nurses, it has always stood for excellency and proficiency in nursing technic. The able women who have served as principals have left their stamp not on students alone, but on the nursing profession in the state. Many illustrious names in the fields of nursing and social welfare are to be found among the 1200 graduates from this school.

Mrs. Gretter was interested in every progressive movement in nursing. She contributed in a large way to many branches of the service. Her ideals for the nurse are expressed in the Florence Nightingale Pledge, which was written by her and her Committee on Nursing Education for the class of 1893. Because it expresses superior ideals for women entering the nursing profession, the pledge has been adopted by other training schools. Hundreds of young nurses have agreed to the covenants of the pledge on commencement days.

Miss Matilda Krueger, of the class of 1907, followed Mrs. Gretter as principal of the training school. Miss Krueger was called from this post to take a very important place in the nursing service of the American Red Cross in Serbia. She died while serving her country.

Miss Emily McLaughlin, 1896, then took charge of the training school for the next nine years. Miss McLaughlin had served during the Spanish-American War. When her country needed her again, she organized the nursing force for Unit 17 which did such faithful work during the World War.

Miss Margaret McDermid was left in charge of the school when Miss McLaughlin went overseas. She was followed by Miss Lula B. Durkee, 1894. Miss Durkee had also seen service in the Spanish-American War.

Other alumnæ that have become prominent in nursing circles are Miss Alice Bowen, 1889, who established the Visiting Nurse Association of Detroit; Miss Agnes Deans, 1895, who organized the Central Directory for Nurses and who became an executive in public health work under Miss Delano; Mrs. Elsbeth Vaughn, 1904, who assisted Miss Delano during the war and is now with the American Red Cross in St. Louis, Missouri; Miss Elizabeth Parker, 1888, who held important positions in nursing work in the state, especially in the tuberculosis crusade, the State Nurses Association, and on the State Board of Registration of Nurses.

These are but a few of them. There is, unfortunately, no space in which to mention all of the graduates who served in times of disaster and in wars, nor those who are serving in hospitals and private homes, and in community work.

BATTLE CREEK SANITARIUM AND HOSPITAL SCHOOL FOR NURSES, BATTLE CREEK, 1883

When Dr. John Harvey Kellogg, a recent graduate from Bellevue Hospital Medical School in New York, took charge of the Health Reform Institute in Battle Creek in 1874, he found that he needed men and women with some scientific understanding of the care of the sick to assist him in his work. From time to time, he organized the "family of helpers" into classes, in order to give demonstrations of technic in nursing procedure. He augmented these demonstrations with lectures on physiology and hygiene. Dr. Kellogg was so interested in spreading the gospel of healthful living that, when time permitted, he taught classes in the community the value of sufficient rest, proper foods, and wholesome exercise for the maintenance of health. Out of these classes grew three schools; the school of nursing, the school of dietetics, and the school of physical education.

Dr. Kellogg was still a student in Bellevue when that first American training school for nurses was opened. It was in 1883, however, when he and his associate, Dr. Kate Lindsay, organized the three months' course for the instruction of nurses in connection with the sanitarium. Within the year they increased the curriculum so that a two years' training was established. The first class, with a membership of seven, was graduated in 1886.

Both Dr. Kellogg and Dr. Lindsay were vitally interested in scholarship and learning. They taught the first class themselves. Dr. Kellogg would give the theory and Dr. Lindsay followed up with the practice. After Dr. Lindsay's time, the records show that when a class did not exhibit proficiency in a certain procedure that Dr. Kellogg deemed necessary, he would take over the instruction of that class. No doubt, the success of this school through the years is due, in part, to the constant seeking after knowledge by its founders and the incorporation of the findings into the course of study given to student nurses; and also, in part, to the careful way of teaching.

A report of this school of nursing published in 1896 stated that for several years the course of study had included anatomy and physiology, hygiene, surgical nursing, practical nursing, hydrotherapy, and cookery for the first year students. The second year students studied massage, manual Swedish movements, cookery, and disease. The young women were given procedures in obstetrics and gynecology. A knowledge of general housework was considered important.

The student girls shared in the ironing, while the men cleaned the carpets. Both men and women students acquired skill in caring for the patients' rooms and in setting trays. Young men and women would sometimes attempt to take the training without a sufficient educational background. Under the circumstances, the sanitarium maintained them while they learned the rudiments of an "English" education. Consequently, the date of graduation for these nurses was delayed.

Nurses in training constantly had the ideal of service for others held before them. Among the first students, Christian Health Bands were organized. These bands of nurses would use their leisure time visiting the lonesome and the sick. They gave bedside care whenever it was needed. They always tried to leave some message of cheer and helpfulness, either in words or by gifts. From this practice has grown the out-patient department that today offers community nursing to Battle Creek and vicinity. The benefit is not felt by the community alone, because the nurses are getting excellent training in public health service.

The Christian Health Bands aroused such a desire to help others by caring for the sick and by teaching healthful living that many of the members volunteered for mission work. This spirit so permeated the school that the name was changed to the Battle Creek Sanitarium Missionary Training School for Nurses. The student volunteers felt the need for a more extensive and intensive training before they entered into such responsible work, and a five-year course was given to them. This course included religious training as well as a ramified nurses' training. From this course, several of the young men entered medical school and are practicing physicians today. The five-year course was discontinued after several years.

The year 1888 was noted not only for the beginning of this five-year course, but it also marked the introduction of scientific cooking into the training course. Mrs. C. E. Kellogg, a scientifically trained woman, converted her kitchen into a nutrition laboratory, and after thorough experimentation, she brought her findings to the cookery classes for the nurses.

The student nurses were not receiving as complete a training as Dr. Kellogg and his staff wished, and so a general hospital was added to the sanitarium in 1887. This made it possible for the nurses to have experience in all nursing services except in contagion and mental cases. The name of the school was again changed to Battle Creek Sanitarium and Hospital School for Nurses.

An important change took place in 1923, when the management of the Battle Creek Sanitarium and Hospital bought the buildings of the old Battle Creek College and housed the three schools, School of Nursing, School of Physical Education, School of Home Economics under one roof. These three schools became the nucleus for the present Battle Creek College. Two years later, the College of Liberal Arts and Sciences was added. Battle Creek College was then granted full recognition as a four-year college worthy to grant the baccalaureate degrees by the North Central Association of College and Secondary Schools.

Mrs. Mary Staines Foy, who has been the director of nurses since 1899, and who was ever watching for opportunities for expanding the curriculum of the training school that it might become of still greater service to the students, saw her chance. She and Mrs. Louise Gleim-Fischer assumed the task of reorganizing the nursing school so that two courses might be offered. One course was for three years. It prepared the student to take the examination for registration. The other course was for five years and led to a scientific degree, as well as giving an adequate training in nursing. The subjects required of all the student nurses were put in three consecutive years, during which time hospital training was given. Five-year students spend the other two years in the literary college, preferably before entering the school for nursing. The three-year course was planned for a curriculum which totals 1,025 hours of class work. This is 200 hours more than that suggested by the standard curriculum; 196 of these hours are devoted to hydrotherapy, electrotherapy, and massage. Mrs. Gleim-Fischer was made dean of the school of nursing and remained in that position for three years.

The educational requirements for entrance were raised to meet the college requirements. This school of nursing, along with other schools in the state, is finding that applicants for admission are presenting ever higher educational attainments. The later classes have had a sprinkling of students with some college training. The classes of 1927 and 1928 each had seven college graduates among their number.

The school attracts students from all over the world. No doubt this is true because of the wide distribution of the graduates. Several races have sent representatives here for training. In former years men were accepted. This practice, however, has been discontinued since the World War.

The uniform of the Battle Creek Sanitarium and Hospital School for Nursing has undergone an interesting revolution. The long, tight woolen sleeves gave way to elbow length when the nurse found that it was difficult to manage the sleeves and give a bath at the same time. The dark woolen dress was replaced by brown striped gingham. A lovely blue and white followed the brown stripes. The large full apron acquired a bib. The cap, after caps were introduced, was roomy and frilled and of remote kin to the trim head dress which crowns today's uniform. Of course, waist lines have been competing with skirt lengths to see which would change most often. The recent skirts, however, have not swept the floor as the nineteenth century ones did.

Nineteen hundred and twenty-eight young men and young women have graduated from this school of nursing and have gone "into all the world," where they are holding positions of trust and responsibility. Mrs. Mary Staines Foy, a member of the first class, then again of the class of 1890, has been intimately and constructively associated with the Battle Creek Sanitarium for fifty-one years. For the past thirty years she has been the director of nurses. Miss Charlotte Hoffman, also an early graduate, went to Honolulu to be chief nurse in the sanitarium there. She worked in several missions in California and in 1913 she returned to Battle Creek to take charge of the nursing service for the obstetric and out-patient departments of the sanitarium. Miss Lenna Cooper, 1900, was selected by the United States government to be the chief dietitian during the World War. At present she is food director of the University of Michigan and professor of institutional administration at Battle Creek College. Miss Leone Sweet, 1903, Miss Jessie Midgley, 1903, Miss Fern Sheick, 1924, as well as other alumnæ, are teaching or supervising in their own school.

Graduates of Battle Creek Sanitarium and Hospital School of Nursing are found in hospitals all over the country as administrators, supervisors, or instructors. Many more are in foreign hospitals.

One of the first industrial nurses in the country came from this school. In 1904, Miss Jennie Williams was employed by the National Cash Register Company in Dayton, Ohio, to do first aid among the employees.

Thirty-nine graduates served their country during the World War; eighteen of the number were men. Nine nurses went to France with Base Hospital 114 and one is buried there. Numbers of nurses were sent to Camp Custer. During the influenza epidemic, student nurses were sent to relieve the Red Cross nurses at Camp Custer.

MARIAN L. WITHEY SCHOOL OF NURSING, BLODGETT MEMORIAL HOSPITAL, GRAND RAPIDS, MICHIGAN, 1886

When the Union Benevolent Association of Grand Rapids began to admit the sick as well as the aged into their home, a need for nurses was felt. It is true that women could be hired to care for patients, but this was more or less unsatisfactory. They were untrained, and their unfitness for the responsible work of a nurse was soon recognized. The advisability of opening a training school for nurses was discussed for over a year, with the result that two members of the Woman's Board were sent to England to study the conditions under which the nurses' schools organized by Florence Nightingale were conducted. Finally, in 1886, at a meeting attended by the Union Benevolent Association Hospital Committee and a number of interested physicians, the plans were formulated for the establishment of a "nursing academy." The proposed course of study was to be so thorough and so complete that any one taking it might receive a certificate on graduation that would entitle her to do nursing in the hospital and in private families.

The school was opened in 1886. It was named the Marian Louise Withey School of Nursing. Entrance was granted to young women who could furnish references as to excellent health and good character, who were between 25 and 35, and who had had a common school education. Preference was shown to applicants with experience in general house work. Five candidates could meet all of these qualifications, and were accepted for the first class. During the first year, however, that number was raised to nine. From the very beginning of the Marian L. Withey School, more applications for entrance have been made each year than could be accepted, and the school has always been able to choose its students.

The first course was for eighteen months, with the training divided among the medical, surgical, obstetrical, and children's wards. Occasionally student nurses were permitted to go into homes as an accommodation to citizens, as well as for further experience for the nurse. The remuneration the nurse received for such service was paid to the hospital. Some of the Grand Rapids doctors were much interested in the experiment of training nurses, and they willing coöperated by teaching them. The doctors gave the lectures in anatomy, physiology, hygiene, disinfectants, as well as the clinical instruction. The arrangement of classes and the supervision of the nurses were in the hands of Miss Stephenson, a graduate nurse from Harper Hospital. She planned a course of eight lectures a month for the first year.

This number of lectures was found not to be sufficient to acquaint the student with all she needed to know, and the number was raised to ten a month for the second year.

The early classes were asked to supply themselves with suitable dresses and aprons. This permitted an interesting assortment. One young lady appeared for duty in a lovely Paisley-patterned calico gown with a modish train. By 1893, a uniform was adopted that controlled the personal tastes somewhat, leaving the individuality to assert itself only in the matter of the size of the bow on the apron. It developed that the larger the bow, the more confidence the nurse felt in her own appearance. The detailed regularity of the trim uniform of today leaves no chance for the display of rivalry among the wearers.

The community has been interested in its own first school for nursing from its very inception. This interest has asserted itself in many ways. The graduating exercises for the first class was a social event attended by a large audience. The stage was beautifully decorated with flowers. The class was dressed in striped seersucker with white caps and aprons. Each graduate received exquisite floral tributes from friends. Mrs. Withey, a member of the Hospital Committee, when she handed their diplomas to them, admonished the class to be discreet and above gossip; to be brave, to be patient, gentle and faithful. In fact, she summarized the community's ideal for the nurse when she said, "Keep a high standard constantly in view." She also offered them the protection and comfort of the Home if ever sickness or misfortune should overtake them. It was not alone such glorious occasions as commencement exercises that friends of the school showed interest. Dr. Frances Hillyer, Dr. Frances Rutherford, and Dr. Elizabeth Earle were actively concerned for the school and for each individual student. When it was difficult to secure a suitable superintendent for the hospital, Dr. Earle gave half of her time to the hospital and actually held the school together. Dr. Earle was courageous enough to make the public see just what it owed to the young women who were taking the training. She plead for reasonable housing quarters. Her efforts were rewarded in 1889, when a modern lodge, tastefully furnished, was opened for the student nurses. Dr. Earle has told of some of the idiosyncrasies of the patrons of the school. The school charged $10.00 per week for a nurse's service in a private home. One woman refused to pay. She felt that $7.50 a week was enough to ask for the services of an undergraduate, especially since the student nurse was required to do so little. The patron pointed out that the nurse was allowed two hours a day for rest and she was seldom called after midnight. In a remarkably short time, the school was excellently organized, and it has been serving a grateful public for forty-four years.

It was made evident that the type of training the Hospital Committee had in mind when the school was opened could not be given in eighteen months. In 1890, the course was extended to two years. Again in 1902, the curriculum was reorganized and the period of training lengthened to three years. The school has ever faithfully studied the nursing situation, and has sympathetically accepted any change that will better the service of its nurses. In 1919, soon after the Union Benevolent Association Hospital moved to a new site and was re-named Blodgett Memorial, the first year students joined the nurses from the other hospitals, St. Mary's and Butterworth, for class work in the academic subjects in the junior college. Three years ago, instruction in elementary nursing procedures was added to that part of the nursing curriculum given at the college. Consequently, the hospital instructor of nurses has had more time to devote to advanced students, and for supervision of beginning students in their duties on the floors.

For the last three years, the senior nurses of the three hospitals of Grand Rapids have entered competitive examinations for the $1,000 award from the Foster Foundation, which goes to the student making the best record. The money is to be used for further study. Two of these three awards have gone to Blodgett seniors, Miss Lucille Broersma and Miss Nellie Westveer.

Five hundred and seventy women have graduated from this school. Among these alumnæ may be found many individuals who have made outstanding contributions to the nursing profession. Miss Ida M. Barrett, an early graduate, became the superintendent of the hospital and school of nursing in 1893. She remained in this position for twenty-five years and served both hospital and school with intense devotion and remarkable success. Miss Mary Welsh, also an early graduate, became assistant superintendent and dietitian under Miss Barrett. After serving the hospital in this capacity for eighteen years, she became the superintendent of nurses and assistant superintendent of the hospital. Beyond question, when two fine women of such remarkable character are each willing to devote twenty-five years to the growth and development of a school, that school is destined to become a splendid influence in the development of nursing in that community. Miss Welsh, after a number of years of service elsewhere, returned to Blodgett to resume her work as superintendent of nurses and now occupies that position there. Her remarkable character and intelligent direction of the school commands universal respect and the love and devotion of every nurse who has ever been so fortunate as to serve under her.

Among the graduates of the Marian Louise Withey Training School for Nurses should be mentioned Miss Kate Merrill, who was the first visiting nurse in Grand Rapids. To her must be given the credit for establishing public health nursing. Miss Alice Hall, in the tuberculosis clinic, has contributed in no small way to the welfare of the citizens of Grand Rapids and Kent County. Miss Adah L. Hershey established public health nursing in Des Moines, Iowa. Miss Helen A. Farnsworth is head of the Central School of Nursing in Kansas City, Missouri. Miss Christine Hendrie also has been prominent in educational work. Many of its graduates have taken up private duty nursing. Miss Margaret Stekel, Miss Elizabeth Brice and Miss Edith Wilson are among the nurses who have served especially well in this capacity.

Dr. Abbott, in charge of the woman's department of the State Hospital in Anna, Illinois, is a Blodgett alumna. Miss Vera Ingerson has been in charge of a hospital in Korea for years.

Miss Mary Fletcher, Miss Mary Welsh and Miss Christine Bauer enlisted in the Spanish-American War and each saw service in Southern army camps. Eighty-eight stars are on the Blodgett Alumnæ service flag for the recent war. One of these stars is gold. Miss Grace Meyers not only represented her school during the World War, but she served as assistant superintendent of nurses at Blodgett Hospital for four years, and after the war became superintendent for two years.

Among the many women of the Hospital Board who have served the institution for many years and with marked devotion, two, at least, deserve special mention, Mrs. Marian Louise Withey, a woman of strong character, great intelligence and energy, was a hard working and most loyal supporter of school and hospital during all of their earlier years of struggle. With equal loyalty and with remarkable ability for the many duties which she has assumed, Mrs. Dudley E. Waters has, for very many years, helped in the upbuilding of the school and contributed to the comfort and attractiveness of the hospital.

GRACE HOSPITAL SCHOOL FOR NURSES, DETROIT, 1889

The Newberry Training School for Nurses—now the Grace Hospital School for Nurses—was established in 1889, in connection with Grace Hospital. Dr. W. L. Babcock and Dr. Stephen H. Knight were active in these early days in stimulating interest in the project. A committee composed of Mrs. Helen Handy Newberry, Mrs. Helen Joy, Mr. Truman H. Newberry, Mr. John S. Newberry and Mr. Eldridge M. Fowler made it possible for the school to be instituted.

Miss Eugenia Hibbard was the first principal of the school. During the nine years of her supervision, the school passed from its infancy to a well organized training school. A course of two years was first offered; later one of thirty months. Now post-graduate courses are given in surgical anesthesia, operating-room technic, X-ray technic, laboratory technic, dietetics, and physiotherapy. Seven hospitals from over the state send their students to Grace so that they may gain experience in nursing service which smaller hospitals do not offer. The number of resident students has increased from fourteen in the first class to two hundred sixteen.

The curriculum follows the plan presented by the State Board, but many of the courses are ramified to increase the subject-matter. The first year students go to Cass High School for the basic sciences. The instructors of nurses and the staff doctors give instruction in the remaining courses.

Grace Hospital School has had five superintendents since Miss Hibbard resigned to do nursing during the Spanish-American War. Miss L. J. Gross was superintendent until she resigned to become superintendent of nurses in Buffalo General Hospital, Buffalo, New York. Miss L. A. Chambers next held the position, to be followed by Miss C. P. Van Der Water. Miss Van Der Water was principal for seven years. Miss Harriet Leek was principal during the World War. Miss Laura Meader served ably for eight years. She died while she was director of the training school on June 1, 1928. Miss M. Delta Long is director of the school at the present time. The six nurses who have held this post have instilled into their students their own ideals for the nurse and her service to mankind.

The alumnæ from Grace have gone into every branch of nursing service. Seventy of them served their country in the time of war. Four are now in missionary work in foreign fields. Twenty others are in public health nursing and fifty are holding administrative positions in hospitals. Hospital nursing has made a strong appeal to the present senior class; one-half of them elected the administrative course. The alumnæ who have chosen private duty are serving their communities efficiently, too. This in too brief form is the history of a Michigan school that has always occupied a prominent and enviable place among our best institutions for training nurses.

WOMAN'S HOSPITAL SCHOOL FOR NURSES, SAGINAW, 1889

The School of Nursing connected with the Woman's Hospital of Saginaw was established in 1889. The need for trained women to carry on the work of the hospital was recognized by the altruistic women who founded the Woman's Hospital Association under the presidency of Mr. J. W. Freeman. The association found that it was impossible to supply this need. They decided to answer the difficulty by establishing their own training school for nurses. The school first offered a two-year course. This grew into a three-year course. At the present time, in order that the student nurses may receive training in all the services, the school has formed an affiliation with larger hospitals. The class work is organized to meet the requirements of the standard curriculum which the State Board of Registration of Nurses and Trained Attendants recommends.

The entrance requirements are eighteen years of age, two years of high school, good health and a good moral character. At present, nineteen young women are studying nursing in this school. The records of the early classes have been lost in moving from one hospital site to another, therefore, no accurate information has been gleaned concerning the activities of the graduates.

BUTTERWORTH HOSPITAL SCHOOL FOR NURSES, 1890

The Women's Board of St. Mark's Hospital held a meeting one summer day in 1890, and received, as its guest, Dr. Reuben Peterson, the first superintendent of the institution. Dr. Peterson, on that occasion, told the good women assembled about the great need for a training school for nurses in connection with the hospital. If the hospital would train its own nurses, it could not only supply the deficiency then existing, but it might also supervise the instruction and mold the student to the hospital's standards. Dr. Peterson was granted the authority to establish a training school, and he accepted three probationers that first summer. Miss Koler, of St. Luke's Hospital, Chicago, was secured as superintendent of the hospital while the school was yet in its infancy. She proved to be an able and sympathetic supervisor, inspiring the confidence of the students, the medical staff and the public. To her must be given much of the credit for the early success of the school.

The length of the training was to be two years, but for some reason the first class was not graduated until 1893. The commencement of the first class was a dignified and charming service. The six young women, in uniforms of blue chambray, white aprons, white caps, cuffs, and collars, with mull ties, seated under their motto of "Nil Desperandum," took the vows of unselfish and untiring service in carying for the sick. Dr. G. K. Johnson delivered the graduating address. He advised the nurses always to be scrupulously neat, to maintain control of tongue and temper, to think clearly and to keep command of themselves in the performance of their duties.

The school soon assumed a very important place in the community. It became a leader in the education of the nurse in Grand Rapids and throughout the state. Mrs. Susan Fisher Apted, a woman of superb ideals, untiring energy and great personal magnetism, was among its earlier superintendents. She exerted a very great influence over the school and inspired in her students a marked sense of devotion to duty and of the dignity of a nurse's work. Miss Elizabeth Flaws came to the hospital in 1905. She was a woman of remarkable executive ability and a strict disciplinarian. Those were the days when the duties of hospital superintendent and that of the training school were often combined in one. The hospital flourished as never before and the standards of the nurses' training were made more exacting and advanced steadily. During her regime, she raised the course from two to two and a half years. This was still inadequate, and the training was later increased to three years.

Miss Flaws was deeply concerned with the subject matter and the teaching of the academic portion of the curriculum. She brought in teachers to lecture to the student nurses. The probationers were sent to Central High School for a course in chemistry in 1912. Miss Gertrude M. Smith, an interested citizen, conducted classes in dietetics in her home for the seniors. Every effort was made to give the students a careful training, in order that they might be able to meet any situation in the field of nursing.

Miss Flaws realized that a school can do better work if its graduates feel a sincere interest in its welfare. She also knew that graduates felt more responsible when the school kept in touch with them; consequently the Butterworth (the hospital was renamed in 1894) Alumnæ Association was organized. Miss Flaws' resignation in 1912 was a severe loss to hospital and school. The seven years of her service were momentous ones in the history of the institution.

No history of the hospital and training school should neglect to mention Mrs. Eugene Boise, who, as president of the Lady Board of Managers, directed their affairs for so many years. A large part of their success is due to her who so loyally and intelligently led the way, always toward higher standards.

In 1917, the conditions of war were making such a drain on the trained nurse supply that the problem arose as to how the sick were to be cared for in the home hospital and student nurses continue their training at the same time. Grand Rapids, under the influence of the public health supervising nurses and the superintendents of the hospitals, agitated the sending of the probationers from the three local hospitals to the Grand Rapids Junior College for instruction in the basic sciences. Such a departure in nursing education was not without precedence since the Central School of Nursing was already established in the Kansas City Junior College and Vassar was offering a nursing curriculum. Miss Elizabeth Seldon, the superintendent of Butterworth, was deeply interested in the project and evolved a practical working plan for its operation. The difficulties were overcome and matters went forward. Since 1918, Butterworth has sent its first year nurses to junior college. Miss Grace F. Ellis was appointed by the Board of Education to be the director of this Central School of Nursing.

The next progressive steps to be taken by the Butterworth Hospital School for Nurses were under the direction of Miss S. Belle MacCallum, a former student and associate of Miss Flaws, an alumna of the school, and its superintendent of nurses since 1925. The student nurses have been placed on an eight-hour schedule. A system of electives is offered the seniors. The nurse who wishes to enter into private duty service is permitted to go on twelve-hour special duty and so gain experience in this line of work. The opportunity is given to the nurse who plans on entering public health nursing to spend a certain amount of time with the Visiting Nurse Association. Each senior nurse has the chance to test out her chosen field before graduation.

Butterworth Training School has always stood for scholarship. From 1910 through 1921, prizes of $25.00 each were given as awards for excellence in scholarship to the graduates who deserve the honor. Of late years, the seniors enter the competitive examination for the Foster Fund Scholarship of $1,000.00 which is to be used for further study. Miss Ruth Alward received this scholarship in 1927.

The roll of the alumnæ of Butterworth is imposing. Representatives of the school are to be found in twenty-one states of the Union, in the Canal Zone, Canada, Alaska, China, India, Korea, and Mesopotamia. Miss Eva Gregg, 1908, has served in the Isabella Fisher Hospital of Tien Tsin, China, for twelve years. Miss Elizabeth Ploeg, 1919, and Miss De Anetta Ploeg, 1922, are now in Korea; Miss Harriet Brummler, 1921, is in India. Elizabeth Holt, 1907, is director of the public health nursing in Dayton, Ohio. Miss Halsey, 1904, has for years been active in tuberculosis nursing. Now she is superintendent of the Maybury Sanitarium. Miss Harriet Davis, 1917, is the educational director for the training school connected with the University of Indiana.

Among the early graduates, Miss Konkle, Miss Gunn (now Mrs. Heering), the city nurse for Grand Rapids, Miss Dooley, and Miss Crichton served in the Spanish-American War. Miss Dooley was the first woman nurse to be placed in a field hospital. She was stationed in Sternburg Field Hospital in Chickamauga. Seventy some names appear on the honor roll for the World War. Mrs. Susan Apted, a former superintendent of the hospital and school and still in the employ of the hospital, organized the nursing service for Unit Q, stationed at Auteil, France, during the war.

These nurses have contributed to their own fields of nursing, but the list of outstanding alumnæ is in no wise complete.

SAGINAW GENERAL HOSPITAL SCHOOL OF NURSING, 1890

Three years after the founding of the General Hospital in Saginaw, a training school for nurses was established. Mrs. F. C. Stone, the president of the Board of Trustees of the Hospital, appointed a committee to investigate the desirability of establishing a training school. This committee, with the earnest coöperation of the medical staff, brought about the incorporation of the school. During the first year, four pupils were enrolled. The number now is seventy. The length of the training was two years. That time was soon extended to three years. In order that the nurse might receive a well rounded training, a three months' affiliation with other schools was established. The standard curriculum is followed. The entrance requirements are eighteen years of age, two years of high school, and good health. Preference is given to the applicant with a full high school training, however.

Among the superintendents of nurses who have worked to raise and maintain the standards of this school, Miss Anna Coleman should be mentioned. She served the hospital for several years.

The graduates of Saginaw General are to be found in every line of nursing activity. Eight enlisted for the World War. At the present time ten alumnæ are in public health work; one is in China. The nurses who have chosen the private duty and hospital services are supplying a great need in the community.

UNIVERSITY OF MICHIGAN HOSPITAL SCHOOL OF NURSING, 1891

In order to help meet the growing need for the graduate nurse, the University of Michigan established the Michigan Hospital School of Nursing in 1891, and, since that date, the school has graduated around 900 nurses. The school is an integral part of the University and is governed by the Board of Regents. Its teaching staff has always been drawn from the University for the basic sciences and the University Hospital offers unusual opportunities for clinical observation and nursing experience. The facilities of the hospital and training school permit a nurse-instructor for every clinical service, and the student is personally supervised until she acquires skill in each nursing procedure. The Michigan Hospital School of Nursing is making conscientious effort to keep abreast or in advance of possible demands on the nurse by modifying and enriching its curriculum from time to time.

Miss M. E. Davis, of the Jefferson Training School of Philadelphia, was secured for the first superintendent of nurses. There were six pupil nurses the first year and, a little later, one more joined the class. The course of instruction lasted two years. Dr. Reuben Peterson and Dr. Christopher Parnall were deeply interested in the training school, sparing no energy in making it a success. Miss Fantine Pemberton, a graduate of the school, became a most valuable superintendent. Miss Anna Hanson and Miss Mary Haarer were also graduates who served ably as superintendent of nurses. Miss Haarer held the administrative position for six years.

The course became a three-year course and, in 1919, during Miss Mary A. Welsh's superintendency, a five-year course was introduced, whereby a student might receive a Bachelor of Science degree, as well as a diploma in nursing. At this same time, the courses in the basic sciences of the three-year course were enriched so that now each course carries full university credit. Aside from the opportunity for study, all the activities open to the women of the University are likewise open to the student nurses. Aside from class work in the gymnasium, which is required, student nurses enter the intramural sports events for women and take part in all traditional activities of the campus such as Freshman Pageant, and Senior Girls' Banquet. Since the student nurse takes university work, she can enter only with a high school diploma.

For the past five years, Miss Shirley Titus, a graduate of St. Luke's School of Nursing, San Francisco, has been the director of nursing, and to her and her thirteen excellently trained instructors much credit is due for the maintenance of the high standard of work and general good will among the students.

The graduates of this school are to be found throughout the United States, doing creditable work. They may also be found in the foreign fields. During the World War many alumnæ of Michigan University Hospital School of Nursing came forward to offer their services.

ST. MARY'S HOSPITAL SCHOOL OF NURSING, SAGINAW, 1891

The Sisters of Charity of St. Vincent de Paul, who founded the St. Mary's Hospital in Saginaw, acted as nurses for many years. The need for trained nurses in the community became so apparent that in 1891 they opened a training school in which any young woman of good character might enroll. The requirements for admission gradually became more rigid. Now, good health, eighteen years of age and at least two years of high school are required. The school prefers the high school graduate.

At first, a two-year course was offered; recently it has been increased to three years. The curriculum follows the standard set forth by the State

Board; however, 670 hours of class work are required. Psychiatric nursing procedure is studied through affiliation with St. Joseph's Retreat in Dearborn. All other instruction is given in the home hospital. The students are taught by registered nurses, staff doctors, a priest, and the dietitian.

Eleven graduates of this school were in Red Cross nursing during the recent war. Many of the alumnæ go into public health work, and many more into hospital service and private duty.

PONTIAC STATE HOSPITAL TRAINING SCHOOL, 1891

The first training school in connection with a state hospital in Michigan was that of the then Eastern Michigan Asylum, Pontiac, organized in 1891. (*See* "What Improvements Have Been Wrought in the Care of the Insane by Means of Training Schools." *American Journal of Insanity,* October, 1893.) Further reference to this school appears in the following chapter.

KALAMAZOO STATE HOSPITAL SCHOOL OF NURSING, 1892

Dr. William M. Edwards, superintendent of the State Hospital in Kalamazoo, was early aware of the necessity for trained nurses to care for the insane in his institution, and brought about the organization of a training school.

This school was established in 1892. In 1896, Miss Linda Richards, the first graduate nurse in these United States, and a woman of great insight and vision, was employed as superintendent of nurses. Miss Richards was much interested in the care of psychiatric patients at this time. She had spent several years in reorganizing state and private hospitals for these patients. When she came to Kalamazoo, she set to work to properly organize the school and arrange for a suitable program of instruction. Miss Mary Muff, R.N., who served under Miss Richards as her assistant, has been the superintendent of nurses since Miss Richards resigned. Miss Muff's ideals for the school have resulted in a carefully organized curriculum which exceeds in hours of class work and in subject matter the curriculum planned by the State Board. The student nurses have close supervision while on duty, therefore each nurse has ample instruction in each procedure. Since some of the services cannot be given in the State Hospital, an affiliation of twelve months is formed with general hospitals, in order that students may have experience in the deficient branches. The hospital offers, in return, to take students from neighboring training schools for the mental service.

The applicants for admission in this school must be eighteen years of age, of excellent health, and with tenth grade education. At present there are nineteen students taking training. The course of study was for two years, but with the year spent in other hospitals it has been increased to a three-year course.

Fifteen alumnæ served their country during the World War.

ST. MARY'S HOSPITAL SCHOOL FOR NURSES, DETROIT, 1894

St. Mary's Hospital of Detroit, the oldest hospital in the state, established its training school for nurses in 1894. When the four Sisters of Charity came into Detroit for the purpose of teaching children, they found that organized care of the sick was greatly needed. During the early days of the hospital founded in 1845, the sisters were obliged to use inexperienced maids and ward helpers to aid them in their work. The sisters tried to do the major part of the nursing. Some of them had received training in the eastern states, many others had obtained their nursing experience during the Civil War.

In 1890, the Mother Superior began to talk of the training school her hospital needed very badly. In 1894, her dream materialized when she secured the services of Miss Helen Ryan as superintendent of nurses. The first class to graduate had fifteen members. The entrance requirements for the early classes included good health, good morals, and one year of high school. Now the educational requirement has been raised to two years of high school and the student must be eighteen.

The course of study is three years, including the three months' affiliation. The curriculum closely follows that outlined by the State Board. Along with first year students from the other Detroit hospitals, the students from this school go to Cass High School for the basic sciences.

From among the several hundred graduates of this school, there are nurses who are filling places of trust in Michigan and in other states as well.

BORGESS HOSPITAL SCHOOL OF NURSING, KALAMAZOO, 1897

The Sisters of St. Joseph, under the direction of Monsignor O'Brien, founded a general hospital in Kalamazoo in 1897. The Sister Superior gave as her reason for establishing the hospital that "the only place for the sick to be taken care of was the jail." The school for nurses was organized at the same time. The early classes were made up of sisters who wanted to do nursing. Six sisters entered the first class. The training required three years.

After several classes were graduated, the school was opened to any young woman eighteen years old, with tenth grade education, who had good health and a good moral character. On an average, six nurses were graduated from each class. The enrollment has been increasing, and this year forty-seven students are taking the training.

The course of study is modeled after the standard curriculum.

Four of the alumnæ entered the Red Cross Nursing Service during the war. One graduate nurse is in foreign fields and several from the school have gone into public health work.

MERCY HOSPITAL SCHOOL OF NURSING, MANISTEE, 1896

The training school for nurses connected with the Mercy Hospital of Manistee was established in 1896 by the Sisters of Mercy, who came into

Michigan first to educate the youth and care for the needy. Mother Mary Joseph Lynch, an Irish woman who served under Florence Nightingale in the Crimean War, was the leader of the sisters. The need for hospitals and for trained nurses stimulated their activity along this line. Six pupils were admitted at the opening of the training school. Then the course was two years long. At present it is for three years, with six months' affiliation. The educational requirement for entrance is two years of high school.

PORT HURON HOSPITAL SCHOOL FOR NURSES, PORT HURON, 1898

Nineteen years after the Port Huron Hospital was founded, the training school was organized. Up to 1898, the hospital had employed what nurses it could and supplied with untrained maid service the gap that was left. The numbers of the enrollment in the early classes have not been kept, but, since 1900, approximately 200 nurses have received their diplomas from this school. The course of study lasted two and one-half years at first; now it is three years with six months' affiliation privileges. Until the fall of 1929, a student with two years of high school might enter, but now the requirements are a full high school course. The standard curriculum as to hours and subjects is followed. The instruction is given by the supervisor of nurses, instructors and staff doctors. The preliminary students take one subject under a local high school teacher and one in the Port Huron Junior College.

Fifteen graduates from this school served during the World War, and, at the present time, one is nursing in the foreign field. Several other Port Huron nurses are in naval hospitals, some in public health work in the state and elsewhere. Miss Caroline Boggert was at one time superintendent of nurses in the Woman's Hospital in Detroit. Miss Sarah Robertson, another alumna, was in Child Welfare work in Italy during the war.

ST. MARY'S HOSPITAL SCHOOL FOR NURSES, GRAND RAPIDS, 1899

In 1899, the Sisters of Mercy established a training school in connection with St. Mary's Hospital, Grand Rapids. Three students were accepted the first year the school was organized. The entrance requirements were not rigid for the early classes. In the main, eighth grade education, good health and high moral character satisfied the conditions for entrance. As heavier demands are placed on the nurse, the standards for entrance have become better defined. The applicant must have had four years of high school and be at least eighteen years of age.

The first classes were taught by the physicians on the staff. Since 1918, St. Mary's joined Butterworth and Blodgett in sending her first year students to the junior college for the basic sciences. For the past two years, elementary nursing procedure has been taught in the college as well. An instructor of nurses was employed to supervise the students in nursing procedure and to assist the doctors in teaching the advanced subjects. The seniors may go to the Sunshine Sanitarium to gain experience in nursing tuberculosis patients.

St. Mary's Hospital grants affiliation to three hospitals in the northern part of the state.

Graduates from St. Mary's may be found in active service in seventeen states of the Union and in Canada. Thirty-one alumnæ are in administrative positions in hospitals. Twenty-seven of them have gone into public health nursing and great numbers are in private duty. Eighteen nurses from this hospital responded to their country's need in time of the recent war.

NICHOLS MEMORIAL HOSPITAL SCHOOL FOR NURSES, BATTLE CREEK, 1899

The physicians of the staff of Nichols Memorial Hospital had great difficulty in securing the right type of nurse for their hospital. They formed a corporation under the laws of Michigan and sold shares at $5.00 par, thus collecting the money to finance a training school for nurses. The training school was established in 1899, and the expense of maintaining the school was assumed by the Training School Corporation. The nurses were housed on the third floor of the hospital building until, in recent years, they have lived in the fine brick nurses' home. Two pupils entered in 1899. The course established was for three years. Now they grant a three months' affiliation for study elsewhere. The standard curriculum is followed in making out the course of study. The students may enter with two years of high school, although more education is desired. At the present time, thirty-eight nurses are studying in Nichols Memorial Hospital.

The graduates have entered the various fields of nursing service. Twelve served with the Red Cross during the recent war.

MERCY HOSPITAL SCHOOL FOR NURSES, BAY CITY, 1900

In 1900, the Sisters of Mercy, whose headquarters were in Grand Rapids, established the training school for nurses in the Mercy Hospital in Bay City, making the fourth they had started in Michigan. The growing demand on the part of the public for trained and skilled nurses in charge of the sick in private homes caused the sisters to open training schools in all of their hospitals. Eight pupils were admitted during the first year of this school, and the school has had an exceptional growth from that time on. While the training was for two years at first, it soon became a three-year course. The educational requirement for entrance is still two years of high school. The young woman must be eighteen years old. The building of character is considered of vital importance. The school adopted, as far as was practical, the three-year curriculum recommended by the Michigan State Board of Registration of Nurses, giving a total of 450 hours' instruction.

ST. JOSEPH'S SANITARIUM SCHOOL OF NURSING, MT. CLEMENS, 1900

The Sisters of Charity of Cincinnati, Ohio, organized a training school for nurses in St. Joseph's Sanitarium in Mt. Clemens in 1900. They give the three-year curriculum suggested by the Michigan State Board. A three months' affiliation is allowed: The entrance requirements are similar to those of the majority of training schools in the state, making two years of high school the minimum achievement in education. The first class had a membership of two, now there are seventeen nurses in training. St. Joseph's employs a registered pharmacist, as well as some high school teachers, to give a part of the class work. The rest of the teaching is done by the instructor of nurses and the staff doctors.

ST. LUKE'S HOSPITAL SCHOOL OF NURSING, MARQUETTE, 1901

When the training school for nurses was established in St. Luke's Hospital in 1901, it was the first one to be organized in the upper peninsula. At present it is one of four accredited training schools in this region that is preparing young women for the nursing profession. Consequently the community of Marquette feels the responsibility for maintaining an efficient school. When the school was first opened, there was one pupil undertaking a two-year course. The enrollment has increased to twenty pupils and the course of training is for three years. The entrance requirements now include a full high school training, as well as the eighteen years minimum age, good moral character and excellent health. The course of study is approved by the State Board.

The graduates of St. Luke's are contributing to nursing endeavor. Miss Clara Mack and Miss Frances Clark went back into their own hospital as superintendents. Miss Edith Ozar became superintendent of Munising Hospital. Mrs. A. L. Johnson went to Munising to take charge of the Red Cross nursing. Five graduates entered the World War and one is now in missionary work in the foreign field. Other alumnæ are to be found rendering helpful service in their chosen communities.

E. W. SPARROW HOSPITAL SCHOOL OF NURSING, LANSING, 1903

The training school in connection with the Edward W. Sparrow Hospital was organized in about 1899 by the Women's Hospital Association of Lansing. The hospital was in a small residence. There were three private rooms, a children's ward of two beds, and two wards of three beds each. There were four student nurses in this first class. The hospital board was reorganized and the training school changed management in 1903. It was again changed in 1912, when E. W. Sparrow gave to the people of Lansing the present hospital. A Board of Trustees, along with the Women's Hospital Association, received the gift. The larger, better equipped hospital building afforded the training school a better opportunity for growth. In 1903 there were eighteen pupil nurses and now there are fifty-three students in training.

The training school educational standard for admission is a high school diploma. Two courses of training are given; one is three years in length and is given entirely in the hospital, the other is five years in length, including an affiliation with the Michigan State College. The college allows a student a year's credit for her hospital experience and at the end of the fifth year, the student who has completed both her hospital and college work is entitled to the degree of Bachelor of Science and a diploma in nursing.

The school employs two instructors. One teaches theoretical subjects, the other, practical nursing procedures. The course of study is that recommended by the National League of Nursing Education.

The students affiliated with the college have their gymnasium on the campus, while the non-college group have swimming and basket ball at the Y. W. C. A.

Nine graduates of this school entered the Red Cross service and many nurses have gone into public health work, as well as other fields of nursing.

HACKLEY HOSPITAL SCHOOL FOR NURSES, MUSKEGON, 1904

Hackley Hospital and its training school for nurses were incorporated in 1904. In the fall of 1905 two students were admitted. The school has grown so that now an annual enrollment of sixty students is being trained. The entrance requirements are good health, upright character, and completion of four years of high school. The training covers three years. The standard curriculum is followed. The students are sent to some other hospital for three months' experience in the services Hackley does not accommodate.

The first year students go to junior college for class work in bacteriology and in chemistry. The rest of the class work is taught by the full time instructor of nurses, fourteen doctors, three teaching supervisors, and the dietitian.

Hackley alumnæ are to be found in many branches of the nursing service. Ten graduates served in the World War. At the present time seven are in foreign fields, either in private duty or as superintendents and supervisors of hospitals.

The success of this school is due to the strength of its board of trustees, and to its superintendents of nurses. Miss Clara Dyring and Miss Elizabeth Greener were the two superintendents of nurses who were with the school at its inception and who carefully guided it through its early years.

MERCY HOSPITAL SCHOOL OF NURSING, MUSKEGON, 1905

The Sisters of Mercy established a training school for nurses in connection with Mercy Hospital in Muskegon in the same year the hospital was founded, 1905. That first year, five young women entered training. The school has grown and there are now thirty-five student nurses. The length of training has always been for three years in this school. The entrance requirements are references of desirability, certificate of health, a minimum age of eighteen years, and, in 1929, a high school diploma.

The course of study is modeled after the standard set by the State Board. The school permits a three months' study elsewhere, in order that the student nurse will have greater opportunities in acquiring nursing technic. The teaching is done by five supervisors, an instructor of nurses, and the chaplain of the hospital. The staff doctors give the lectures in the clinical work.

From among the graduates there are seven who entered the World War, three are in foreign fields, and ten in public health work.

TRAVERSE CITY STATE HOSPITAL SCHOOL OF NURSING, TRAVERSE CITY, 1906

In 1906 the Board of Trustees for the Traverse City State Hospital founded the training school for nurses in connection with the hospital. The need for nurses in that portion of Michigan was very great, and this school was established with the object of training young women who could go out into the community and care for the sick. Dr. J. D. Munson, the medical superintendent of the hospital, and Dr. A. S. Rowley, the assistant, assisted Miss Jennie Leece, superintendent of nurses, in organizing the school. These three persons made a worthy contribution to the character of the training they sponsored. Miss Alma Cron organized a general hospital in connection with the institution in 1914. At the same time she reorganized the training school. Mrs. Nettie Low Kennedy again reorganized the training school in 1922 to meet the requirements of the time.

At first the training was of two years' duration, but later it was lengthened to three years. The first class had twenty-four nurses enrolled. At the present time there are fourteen nurses in training. The entrance requirements are two years of high school, age limits of eighteen and thirty-five years, good health and several recommendations of good character. The curriculum follows that suggested by the National League of Nursing Education. During the intermediate year, the school has a six months' affiliation with Butterworth Hospital, Grand Rapids, and a three months' affiliation with Children's Free Hospital, Detroit. The teaching is done by supervisors, instructor of nurses, and the doctors. The hospital employs many graduate nurses, but the student nurses are given ample opportunity for nursing in the several branches of nursing service.

W. A. FOOTE MEMORIAL HOSPITAL SCHOOL FOR NURSES, JACKSON, 1906

The training school for nurses in connection with the W. A. Foote Memorial Hospital was organized in 1906. One student entered the training that first year. At the present time, fifty-four students are availing themselves of the opportunities of study in this school. For the first few years, no special entrance requirements were established. Later an educational accomplishment of two years of high school was expected before entrance.

The length of training is for three years and the school follows the standard curriculum. The student nurses go to high school for chemistry; the rest of the class work is given in the hospital by the doctors and the instructor of nurses. Registered nurses supervise the students in obstetrical and surgical nursing. Since Foote Memorial can give very little experience in pediatrics, an affiliation is formed with Children's Free Hospital, Detroit, where the students may acquire skill in this branch of nursing.

MERCY HOSPITAL SCHOOL FOR NURSES, BENTON HARBOR, 1907

The training school for nurses was established in 1907 in the Mercy Hospital of Benton Harbor. Four students availed themselves of the privilege of this school the first year. The length of training was for two years during the early years of the school, but later it became three years. Entrance requirements are eighteen years of age, completion of two years of high school, good health, and good moral character. Miss Mae Fye was the superintendent of nurses six years, and during her regime she made a valuable contribution to the development of the school. The training the nurse receives in the local school is augmented by a six months' affiliation with larger hospitals.

MERCY HOSPITAL SCHOOL FOR NURSES, CADILLAC, 1908

In 1908, the Sisters of Mercy and the medical staff of Mercy Hospital, along with Mrs. Esther Diggins, established a training school for nurses. This training school grew out of the need for trained nurses in the community, and the citizens of Cadillac showed their interest by the support they gave it. The course was for three years from the beginning. Three student nurses enrolled the first year and, at the present time, the school has an enrollment of fifteen. The standard curriculum is followed whenever it is practical, and the facilities of the school are supplemented by allowing a six months' affiliation with larger hospitals. The instruction of the nurses is given by the instructor of nurses and the staff doctors. The graduates of this school have always contributed to the nursing profession. Twelve of them entered the World War and many of them are in active nursing activities throughout the state.

CALUMET PUBLIC HOSPITAL SCHOOL FOR NURSES, LAURIUM, 1908

A training school for nurses was established in the Calumet Public Hospital in 1908. The enrollment has grown from seven to twenty. The entrance requirement is completion of two years of high school, but preference is given to the high school graduate. The standard curriculum is followed in planning the course of study. The class work is conducted by the supervisors, instructor of nurses, and by the staff doctors. The services that can be given by the local hospital are supplemented with a three months' affiliation with Grace Hospital in Detroit, three months with Children's Free Hospital, Detroit, and three months for service in contagious nursing with Herman Kiefer Hospital, also in Detroit.

HURLEY HOSPITAL SCHOOL FOR NURSING, FLINT, 1909

The nurses' training in connection with Hurley Hospital, Flint, was incorporated in 1909. Miss Mary Hall and Miss Alice Gregg were the superintendents of the hospital for the first two years after the training school was opened, and each, in turn, helped in its organization. In 1910 Miss Anna Schill became the superintendent of the hospital and during the many years she was connected with it, she materially strengthened the training school.

The first class had a registration of three students. The school has had a remarkable growth. The present enrollment is 116 nurses. The educational requirement for entrance is two years of high school, while the minimum age is eighteen years. The school offered two and one-half years of study to its early classes, but its later classes are in training for three years. The course of study is modeled after the standard curriculum. Three graduates of Hurley served during the World War.

PETOSKEY HOSPITAL SCHOOL OF NURSING, PETOSKEY, 1909

The Petoskey Hospital and Training School for Nurses were founded in 1909 by an interested group of physicians. Five pupils were admitted to the first class. Since then, enrollment has doubled. The length of training was two years for the first classes, but, later, another half year was added. The present curriculum covers the work suggested by the State Board. The hospital affiliates with larger hospitals in order that student nurses may have a larger field of opportunity for acquiring technic in nursing procedure. The instruction is given by supervisors, instructor of nurses, and by the staff doctors. The dietetics and psychology classes are taught by high school teachers. This school makes eighteen years of age, completion of the tenth grade, good health and good moral character the requirements for entrance. Six graduates went into service in the recent war. The graduates have entered every branch of nursing service.

PONTIAC CITY HOSPITAL SCHOOL OF NURSING, PONTIAC, 1909

The Training School for Nurses of the Pontiac City Hospital was incorporated in 1909. The school passed through many changes since the date of its organizaiton. It was accredited by the State Board for the Registration of Nurses and Trained Attendants January 22, 1922, and at that time had an enrollment of five pupils. At first, the length of the training was two and one-quarter years, but now it is three years. Six months of this time is spent in affiliation with another hospital so the student nurses may have the advantages which come with a greater variety of cases. The course of study and the entrance requirements are based on the recommendations sent out by the State Board.

WOMAN'S HOSPITAL SCHOOL FOR NURSES, DETROIT, 1910

The Woman's Hospital in Detroit began to give a one-year training course for nurses in the early 1890's. And as early, they received nurses from other hospitals for instruction in obstetrics. In 1910, the training school was reorganized under the influence of Mrs. Lilian Holt, president of the

Board. The training was two and one-half years, including seven months' affiliation with Harper Hospital and Children's Free Hospital, in order that the students might receive training in branches of nursing service other than obstetrics, gynecology and surgery. In the fall of 1929, the course was increased to three years. After the school was reorganized in 1910, many of the nurses who had received the year's training came back to study for their diplomas.

The class instruction is done by the staff doctors and by the instructor of nurses. The first year students are sent to Cass High School for the basic sciences. Post-graduate courses are offered; one course of three months is in obstetrics; the other is for four months in obstetrics and gynecology.

Miss Adah Sweet has been director of nurses for several years. To her must be given credit for the high idealism that prevails throughout the school. The success of the school is, also, due to Mrs. Holt, who has been actively associated with the hospital for the past twenty-two years.

Many of the Woman's Hospital alumnæ have gone into public health work; one is taking charge of community nursing in an Indian reservation in Arizona. Ten graduates were in the World War.

PROVIDENCE HOSPITAL SCHOOL OF NURSING, DETROIT, 1910

Forty-one years after the founding of the Providence Hospital by the Sisters of Charity of St. Vincent de Paul, the training school was incorporated. In 1910, the first year of the training school, twenty pupils were admitted. Six nurses were graduated in the first class. For about ten years the school required the entrance age to be twenty or more, but later student nurses were accepted who were eighteen. One year of high school was once considered sufficient educational background; now the applicants with four years of high school are granted preference. Along with good health and morals, average height and weight are deemed desirable. The standard curriculum is used as a model. The teaching is done by staff doctors and instructors of nurses. Pupils go to Cass High School for some subjects. The school has grown with the hospital and now has 135 students in training.

Many of the alumnæ have gone into public health work, three are nursing in foreign fields, and seven served their country during the World War.

MERCY HOSPITAL SCHOOL OF NURSING, GRAYLING, 1911

The School of Nursing, Mercy Hospital, Grayling, was established in 1911. The Sisters of Mercy sensed the need of the community for trained and skilled nurses, and therefore opened another one of their training schools. Mercy Hospital in Grayling cares for patients within a radius of about ninety miles and this locality was as devoid of trained nurses as it was of hospitals up to 1911. Nurses trained in large training schools sometimes seem loath to serve in small communities. To meet the situation, the good sisters offered a few young women of good health and high moral character a simple training that would fit them to give intelligent care to the sick. Four student nurses were admitted to the first class and later the training school averaged ten students annually. The educational requirement of completion of the tenth grade has been raised to completion of four years of high school for the class entering in 1929. The course of study follows closely the standard curriculum suggested by the State Board. The students go to the Children's Hospital of Michigan for three months of study in pediatrics and orthopedics and to Grace Hospital, Detroit, for three months of medical nursing and for dietetics. Three alumnæ, Miss Maude Tetu, Miss Blanche Blondin and Miss Virginia Ostling, served with the American Red Cross during the recent war. Other alumnæ have gone into school nursing and visiting nursing, as well as into private duty and hospital work.

CHILDREN'S FREE HOSPITAL SCHOOL OF NURSES, DETROIT, 1912

Because Mrs. W. T. Barbour, as chairman of the Training School Committee, and Mrs. J. E. Clark were deeply interested in the project, the Children's Free Hospital, Detroit, established its School for Nurses in 1912. Miss Alice Stenholm, a graduate of the Trinity Hospital Training School, Milwaukee, organized the working details of the school, and the next year, Mrs. Betsey Harris, a graduate of the Woman's Infirmary Training School in New York, succeeded her and continued to uphold the work of development. Mrs. Harris was followed by Miss Margaret Rogers, who was superintendent of the hospital for several years, and had an unusual interest in the nursing problem.

In 1913, eight pupils were admitted. In 1915, the school had been enlarged to accommodate the number of student nurses who entered by affiliation to study the care of children. Battle Creek Sanitarium Training School was the first to send nurses in this way. Now that department has grown so large that each year fifty or more students come from twenty-two different Michigan hospitals and one hospital outside the state. Since the hospital offers facilities for studying children's diseases only, the training school sends her students elsewhere for eleven months of the three years training, in order that they may gain experience in all nursing services. The course of study follows the outlines suggested by the National League of Nursing Education.

This training school was the first one in Detroit to take advantage of the Cass Technical School. It sent its first class to Cass for chemistry. Other training schools adopted the plan and now each training school of the city sends its preliminary students to Cass for all of the basic sciences.

The alumnæ of the Children's Free Hospital Training School have gone into every branch of nursing. Miss Gladys Taylor went to China for medical missionary work. Mrs. Harris organized the nursing personnel for Unit 36. which served in France during the war.

ST. JOSEPH'S SANITARIUM SCHOOL OF NURSING, ANN ARBOR, 1915

In 1915, St. Joseph's Sanitarium Training School for Nurses was opened by the Sisters of Mercy of Dubuque, Iowa. Eight students were admitted during that year. Seventy students are now in training in the sanitarium. The nurses are accepted and trained under the conditions prescribed by the State Board of Registration of Nurses. However, four years of high school are required of all pupils. The length of training is three years. The curriculum follows closely the standard set by the National League of Nursing Education. The instruction is done by the supervisors, instructors of nurses, and the staff physicians of the hospital. A dietitian teaches the food courses. A large measure of the credit for the success of the training school is due to the members of the medical staff, and to the Rev. M. P. Bourke, diocesan director of hospital, who had spiritual charge over the hospital for years.

The nurses from this hospital may be found in many lines of active service and largely in the field of public health nursing. Ten graduates served in the American Red Cross during the World War.

MERCY HOSPITAL SCHOOL OF NURSING, JACKSON, 1915

The Sisters of Mercy from Grand Rapids established a training school for nurses when they organized the Mercy Hospital in Jackson in 1915. The School for Nursing follows the requirements of the State Board in determining the entrance requirements for the candidates. The course of study is modeled after the standard curriculum of the State Board. The class work is done by the supervisors, two instructors of nurses, ten physicians, and professional teachers. The school permits the students to study for three months in other hospitals during the three years of training.

The first class to graduate finished during the time of the war; nevertheless eleven alumnæ entered the service. Four graduates are doing missionary work in foreign fields, eight more are in public health work, and others are serving in home nursing and in the hospitals of the state.

BRONSON METHODIST HOSPITAL SCHOOL OF NURSING, KALAMAZOO, 1920

When the Methodist Church took over the present Bronson Methodist Hospital, the training school for nurses was organized to fulfill all standard requirements. In 1920, there were nineteen student nurses, but in the last nine years the school has grown to an enrollment of seventy-nine. The training school at first accepted applicants for entrance if the ninth grade was completed, but now the preference is given to the high school graduate. The class work is given by the supervisors of nurses, the staff doctors, and a corps of sixteen teachers coming from the city. All the nursing services are given in the Bronson Hospital except the service in contagion, and for this work, the students are sent to Herman Kiefer Hospital in Detroit.

The graduates of this training school are to be found among the successful nurses of the country. Four of them have gone into public health work and sixteen are filling administrative positions in hospitals.

EVANGELICAL DEACONESS HOSPITAL SCHOOL OF NURSING, DETROIT, 1920

The training school for nurses in connection with the Evangelical Deaconess Hospital of Detroit was organized in 1920. The members of the churches of the Evangelical Synod of Detroit and Michigan formed an association in order that the Deaconess Hospital might be maintained for the public. This association established and sponsored the training school. The training lasts for three years and includes a three months' affiliation. The candidate for entrance must be eighteen years old, have completed the tenth grade, possess good health, and be of good moral character. The course of study follows the outline suggested by the State Board. The basic sciences are studied at Cass Technical High School and the remainder of the class work is given by the instructor of nurses and by physicians. Three students comprised the first class and at present there are thirty-six student nurses enrolled. Seventeen have received diplomas from the training school.

ST. JOSEPH'S HOSPITAL SCHOOL FOR NURSES, HANCOCK, 1920

Twenty years after the Sisters of St. Joseph came into the mining region of Michigan from nursing the soldiers in the Spanish-American War and took over the old St. Joseph's Hospital of Hancock, they established their school of nursing. The first class entered in the fall of 1920 and, during that year, there were fourteen pupil nurses enrolled. The requirements for entrance and the curriculum are determined by the suggestion made by the State Board. Since the hospital has only a fifty-seven bed capacity, the school sends the students to other hospitals for three months, where they may have a wider experience than the home hospital can afford. The training is for three years.

ST. LAURENCE SCHOOL OF NURSING, LANSING, 1920

The Sisters of Mercy of Detroit established the St. Laurence School of Nursing in connection with the St. Laurence Hospital in September of 1920. During the first month, six pupils were admitted. The school has grown rapidly; now there are forty-five student nurses in training. The training school exceeds the entrance requirements determined by law by expecting the candidates for admission to have completed a four year high school. The course of study follows that prescribed by the State Board of Registration of Nurses and Trained Attendants. The class work is done by the instructor of nurses and the staff doctors, while the supervisors do the follow-up work. The dietitian teaches the food courses.

HIGHLAND PARK GENERAL HOSPITAL SCHOOL FOR NURSES, HIGHLAND PARK, 1921

The school of nursing connected with the Highland Park General Hospital was opened May 8, 1921. The length of training is three years. Since the fall of 1929, only high school graduates have been admitted; however, previous to this time, the tenth grade only was required. The course of study follows the standard of the State Board. Three instructors of nurses and the staff doctors teach most of the classes. The dietitian gives the instruction in dietetics, and the students go to Highland Park High School for chemistry and physical training. Twelve pupils were admitted the first year; now the enrollment is sixty-one.

OWOSSO MEMORIAL HOSPITAL SCHOOL FOR NURSES, OWOSSO, 1921

In 1921, the school of nursing was established in the Memorial Hospital of Owosso. That first year, fifteen students were enrolled. Since then, the school has grown to accommodate twenty-nine students. The curriculum has been approved by the State Board. The classes are taught by the supervisors, doctors, and the instructor of nurses. Within the last two years, the nurses have been living in a handsome new nurses' residence.

CHIPPEWA COUNTY MEMORIAL SCHOOL FOR NURSES, SAULT STE. MARIE, 1923

The Chippewa County Memorial Hospital was built in memory of the soldiers of the World War. Its predecessor, the Chippewa County Hospital, that had been serving the community for twenty years, went out of existence when the War Memorial Hospital was organized in 1923. The training school for nurses was organized the same year that the hospital was organized. The length of training is thirty months, including three months' affiliation with the Children's Free Hospital of Detroit. The student nurses will be expected to complete the high school training before they enter training in 1929. This is a higher requirement, however, than has been made in the past. The course of study follows closly the standard curriculum. The instructing is done by the doctors on the staff and by graduate nurses.

ST. JOSEPH'S MERCY HOSPITAL SCHOOL OF NURSING, PONTIAC, 1923

The St. Joseph's Mercy Hospital training school opened March 29, 1923, with a class of twenty students. The entrance requirements were two years of high school when the school was established, but now preference is given to high school graduates. The course is three years in length and the curriculum closely follows the standard curriculum. The school has grown remarkably; sixty students are now enrolled. Two registered nurses are employed to be the instructors of nurses. Two of the doctors are paid for the time they spend in the class room. Besides these instructors, the Rev. Noonan, B.A., teaches psychology and ethics, public health nurses come to the hospital to lecture to the students, and the staff doctors give lectures in several branches of clinical service. Although the school is young, the graduates are finding their places in administrative positions in hospitals, in public health nursing and in private duty.

SHELDON MEMORIAL HOSPITAL SCHOOL FOR NURSES, ALBION, 1924

In 1924, a training school for nurses was organized in connection with Sheldon Memorial Hospital in Albion. Four students availed themselves of the privilege of this school that first year. Now the training school has an enrollment of sixteen. The educational entrance requirement for the first class was the completion of two years of high school, but now preference is given to the high school graduate. The doctors on the staff and the instructor of nurses, along with the supervisors, take charge of the majority of classes for the student nurses. For the work in dietetics, chemistry and psychology, the nurses attend classes in Albion College. The training school has formed an affiliation with Grace Hospital, Detroit, for three months' service in obstetrics and for three months' service on medical cases. It also has a three months' affiliation with the Children's Free Hospital, Detroit. The duration of the training is for three years; therefore, the school has had just three graduating classes. However, the graduates are filling important positions in hospitals and in private service.

DUNBAR MEMORIAL HOSPITAL SCHOOL OF NURSING, DETROIT, 1924

Late in the fall of 1924, a training school for nurses was organized in connection with the Dunbar Memorial Hospital, Detroit. Seven students entered on the three-year course. The enrollment has doubled since that time. The educational entrance requirement is two years of high school, with a preference for the high school graduate. The curriculum is modeled after the one recommended by the State Board. The student nurses join those from the other training schools in Detroit in taking five classes at Cass Technical High School. The classes taught in the hospital are under the direction of the instructor of nurses, the supervisors of nurses, and eight of the staff doctors. For three months, the nurses from this training school enter the Children's Free Hospital for a training in pediatrics. Among the graduates of the school are numbered several nurses who are filling administrative positions in hospitals.

LEILA Y. POST MONTGOMERY HOSPITAL SCHOOL OF NURSING, BATTLE CREEK, 1928

A training school for nurses was opened in September, 1928, in the beautiful new Leila Y. Post Montgomery Hospital in Battle Creek. This school is under the supervision of the Sisters of Mercy. Sister M. Giovanni, a member of the State Board, was in charge of the school when it was opened. The enrollment in 1928 was ten, but in 1929 the number has jumped to forty-nine. The school has formed no affiliations, since the hospital is able to offer every opportunity in nursing service. The class work is given by an instructor of nurses, staff doctors, and Sister Mary Loyola, the superintendent of nurses.

Michigan State Board of Registration of Nurses and Trained Attendants

Although the dawn of the twentieth century found that nursing ideals and nursing education had passed the formative period successfully, still the standing of the nurse in Michigan was questionable. The appellation "nurse" might or might not imply a training, and the training was as varied as was the number of the schools. In truth, the training was even more varied, since each superintendent of nurses, as she took charge of a school, might introduce an entirely new educational program, and the superintendency changed hands often in the earlier days. The training which a school offered differed from year to year under the same superintendent when the load of the hospital was permitted to interfere with the regularity of class instruction. Then, too, students in the various Michigan schools of nursing could not receive the same grade of training had it been offered, since some schools admitted only those mature enough to realize the significance of each procedure, while other schools accepted students so young that "any way to get it done" was the standard forced upon them. Again, some schools entered students with a solid educational background, while their neighbors took in candidates with little learning beyond the three R's.

It is not surprising that, in the face of the existing conditions, the nurses graduating from the training schools which were carefully organized and which had sufficient resources to maintain a uniformly high standard of instruction should feel that their training entitled them to better recognition of their skill and to greater compensation. Nor is it surprising that a form of class distinction and certain dissatisfaction arose among the nurses. Regardless of the justice in individual cases, graduate nurses outside the accepted few could not find sufficient employment to make a living in some localities.

Although the public recognized a certain popularity of some of the nurses, they really made no distinction between the graduate nurse and the one of little training. Even the woman of no training whatever, or the one dressed in complete uniform, wearing the large emblem denoting graduation from schools widely advertising training in six weeks by correspondence, might be called to care for critical cases that needed the attention of the most expert and the deserved confidence of the employer. In fact, any woman who called herself a nurse was a nurse to the public and no questions asked. Faulty technic on the part of any so-called nurse brought criticism on all nurses, the trained and untrained alike. The women who were schooled in good methods of caring for the sick and who followed a high ethical code felt responsible for the persons bearing the title of nurse. They realized that the public should be protected against employing the untrained and paying her a wage commensurate with the one charged by the graduate.

In order to eradicate the misconception concerning nurses and to equalize, to some degree, the opportunities for the student attending any school for nurses in Michigan, the graduate nurses from all over the state organized in the effort to introduce to the legislature at Lansing a bill defining the personnel of the nursing profession. The organization of graduate nurses was accomplished in 1905. Two attempts had to be made before a bill was formulated which satisfied the nurses and the members of the legislature. In 1909, an act providing for the examining, regulating, licensing, and registering of nurses and providing for the punishing of offenders against this act was duly entered in the laws governing the State of Michigan. While it was not quite the law the nurses had hoped for, still it was a movement in the right direction. The progressive, thoughtful nurses who had worked for the passing of this law hoped that, now, nursing might indeed become a profession which could be regulated as to training and as to the attitude of the nurse to her work, to the public, and to other nurses.

The nurses' law provided for a board of five members to be known as the Michigan State Board of Registration of Nurses. The governor was to appoint a registered physician and three qualified nurses, who, together with the secretary of the State Board of Health, would serve for stated periods on this board. The nurses on the board must be residents of the state, graduates from a reputable school of nursing giving at least a two years' training, and must have had five years' experience in nursing. The first board, made up of Miss Flaws, Miss Galbraith, Mrs. Tracy, Dr. Sardinow and Dr. Shumway, was appointed in 1909. To this board was given the responsibility of interpreting and fulfilling the articles of the law, but it also had to formulate rules for the examination, regulation, licensing and registration of nurses which would be consistent with the law. A secretary, who could keep a register of the names and addresses of all the nurses duly registered under this act, as well as keep complete records of the proceedings of the board, was elected by the board from its membership. The secretary was under a thousand dollar bond to the State of Michigan as an expression of good faith in the discharge of her duties. Seven doctors and thirteen nurses have served on the board. Among the nurses, Mrs. Foy, of Battle Creek, held a place on the board for nearly sixteen years, 1912 to 1927; Mrs. Helen de Spelder Moore, of Jackson, for nine years, 1919 to 1928; and Mrs. Susan Fisher Apted, of Grand Rapids, for five years, 1912 to 1917. The nurses on the present board are Mrs. Stahlnecker, Detroit; Mrs. Kirk, Flint, and Sister Mary Giovanni, Ann Arbor.

A state registered nurse is defined as one who for hire or reward, nurses, attends and ministers to the sick or afflicted under the supervision and direction of a legally registered practitioner and who has qualified for such a calling or profession through a regular course of instruction and practice in a recognized training school for nurses connected with a hospital, sanitarium, or state institution for insane, feeble-minded, or tuberculosis patients. The 1909 law, however, permitted registration to nurses who had not met the educational requirements, but who had nursing experience, providing the application for registration was made before December 1, 1912. Any nurse fulfilling the conditions of the law was granted registration up to December 1, 1912, on presenting a diploma showing graduation from a two-year training school, or, if the diploma was issued before 1895, from a one-year training school. Practical nurses might also be registered if they presented a certificate of their competency, signed by a registered physician and by two registered nurses and if they would pass an examination deemed necessary to determine their fitness to give sufficient care to the sick. Such nurses could be registered only within the two years following the enactment of the law. After December 1, 1912, all applicants for registration must be graduates from a two-year training school and must pass an examination given by the board. Aside from the nursing education requirement, the law stipulated that the applicant for registration must furnish satisfactory proofs of being twenty-one years old, of good moral character, and of having completed a grammar school education. The nurse pays a fee when she files her application for registration. On the certification of her registration, she may use R.N. (registered nurse) at the end of her name. A copy of her registration is sent to the clerk of the county in which she resides, as well as being recorded in the state office.

The first Michigan State Board of Registration of Nurses decided to give two examinations a year to nurses who desired state registration. The examination was to be under the direction of any two members of the board, providing the two were not from the same training school. The applicant to be examined was obliged to present a letter of identification. In order that no prejudice could affect the marking of any examination, the writer's name was sealed in an envelope bearing a certain number. The number was used instead of a signature on the examination papers to conceal the identity of the candidate. The satisfactory mark was fixed at 70 per cent; the applicant was given credit for the subjects bearing 70 per cent or better and she was privileged to re-write the subjects bearing unsatisfactory marks at succeeding examinations. She was allowed to re-write an examination as often as it was necessary. She was granted a permit to practice, however, until she could be properly registered. The subjects included in the early examinations were anatomy and physiology, hygiene, bacteriology, dietetics, materia medica, elementary urinalysis, infectious diseases, procedures in medical, surgical, gynecological and obstetrical nursing, as well as nursing of sick children. Non-graduate nurses were required to pass oral examinations in practical nursing which would demonstrate their manual dexterity and knowledge of simpler nursing procedure.

During the first three years that the Michigan State Board of Registration of Nurses was active, 1,782 graduate applicants were granted registration on the presentation of diplomas and nine non-graduates were registered through examination. Since the Michigan law permitted registration of nurses from other states having the same training requirements, fourteen out-of-state nurses were registered without examination.

The law provided that the board might select one of its members to visit the training schools and encourage them to adopt the rules and regulations recommended by the board. The board realized that the only way of assuring the public that registration of nurses would mean better care of the sick was to regulate the policies of the schools which were training the nurses. The recommendations were made that no training school should offer less than two full years devoted to hospital training. The first two weeks of the probationary months might include talks on personal hygiene, care of students' living quarters, bed-making, preparation of trays, bathing of the patient, ethics, care of patients' rooms, and other preliminary work. At the end of these two weeks, the probationers might go to the wards and continue the training by performing practical work. However, the probationer was not to be permitted to catheterize a patient, care for a surgical case under ether, or to administer drugs. After the probation period, student nurses could be given uniforms. Nursing procedures must be studied throughout the training, and the school must allow the student nurse to do each procedure a sufficient number of times to become thoroughly accustomed to it. The Board also recommended that class work should be given in the junior year. The lectures were to be in the subjects of hygiene and sanitation, bacteriology, materia medica, anatomy, and physiology, urinalysis, dietetics, and principles of cookery, and must be followed by a written review at the completion of each subject. The minimum of hours each subject should be pursued was set by the board. It was advised that nursing procedures in surgery, gynecology, obstetrics, and care of infants be placed in the senior year. It was suggested that these courses be taught by the superintendent of nurses, her assistant, or, at least, by a registered nurse. Lectures during the senior year should include infectious diseases, nervous diseases, anesthetics, surgery and medical diseases, and obstetrics. It was especially also recommended that the class work be given during the day while the student is still alert and not in the evening after the student has finished a day's work. In the two-year course, eight months each year should be devoted to class work. The adoption of all the preceding recommendations by a training school connected with a hospital of a given bed capacity was to place that training school on the accredited list authorized by the State Board of Registration of Nurses. Since the provision for visiting all nursing schools was so very inadequate, many schools that did not comply with the recommendations succeeded in being included in the accredited list. Therefore, the list of accredited schools compiled by the first board included many schools that have since been dropped.

In order that a satisfactory type of supervision might be given to the schools of nursing in Michigan, the nurses' law was amended in 1913 to provide for the employment of a full time inspector of training schools, whose salary and traveling expenses were to be paid from the nurses' fund, which came from the fees collected from candidates for registration. Only a registered nurse who had had at least five years of experience, three of which had been spent as a superintendent of a training school approved by the board, could be employed as the visitor and inspector of the Michigan training schools for nurses. Miss Anna Coleman, Saginaw, was the first inspector, and she held the position from November 15, 1913, until June 1, 1924. When Miss Coleman resigned, Miss Adelaide Northam, Flint, accepted the position and served until in August, 1927. At the present time, Miss Gibbons, also of Flint, is the inspector of training schools. After the visiting of each training school came into practice, the board had the opportunity of learning the details of the instruction. The limit of the three year waiver was past, and the nurse could be registered only by successfully passing an examination.

Each training school had the responsibility of offering so thorough a training that its graduates might take the examination without embarrassment. To make this simpler, the board established the minimum in the school's courses of study and the subject matter which each course was to contain. It also decreed that each nurse be given ample opportunity to acquire a sufficient technic in the various services required in practice. It has become the concern of the inspector of the schools to help backward schools meet these requirements, and to urge them to offer greater opportunities than the mere essentials. "The better care of the sick by better preparation of the worker" became the motto in the standardizing of Michigan training schools.

By 1915, the Michigan State Board of Registration of Nurses had been organized and functioning for five years. All of the training schools of the state had been visited by Miss Coleman, and many of them more than once. Schools were also judged by the excellence of the examination papers of their graduates. Nursing conditions over the state had been studied more deeply with the idea of improving them. In 1915, the board was able to offer valuable suggestions to training schools. Many schools and their hospitals were urged to secure better equipment for the class rooms and the wards, so that the student nurses might have a fairer chance in competing with graduates of excellently equipped schools and hospitals. The hospital maintaining a training school must be incorporated and must care for an average of twenty patients daily. Students entering training should have a doctor's certificate vouching for her good health, an eighth grade education, such being required by law, and should be eighteen years of age. The board recommended three years of training instead of the two years required by law. Most of the schools had already lengthened their course to two and one-half years, if not for a longer time, and the three-year courses were eventually substituted. Some revisions were made in the recommended course of study. The board suggested that the study of the elementary sciences and ethics might be introduced during the probation period. These sciences and elementary nursing procedure continued during the first year. In the second year, dietics and anatomy and physiology might be taken, together with nursing procedures in the medical diseases, surgery, and obstetrics. Surgery could be continued in the third year, along with the study of children's diseases, infectious diseases, eye, ear, nose and throat diseases. The election of advanced study in some nursing specialty, such as public health, should be offered to the seniors. The need for a deeper knowledge of the sciences was felt, so the number of class hours was increased in each instance. Simple chemistry relating to the human body was introduced into the course of study. Not only was interest aroused in the academic work, but there arose a desire to acquire a satisfactory technic in the management of patients of many different groups. To satisfy this desire, many hospitals were urged to form affiliations with other training schools whereby the student nurses might gain experience in the larger and more technical institutions. Again in 1915, as well as in 1910, the board stressed the necessity of the training schools having regular class periods, regular hours for study, and sufficient recreation. The student nurse should not spend more than fifty-four hours weekly in floor duty.

The period from 1915 through 1920 brought great opportunities to the nursing profession, and likewise severe tests were given to the type of training and education the nurse had received. During the World War nurses of many nations joined in helping to alleviate the suffering that the war brought to mankind. And of these nurses, our American nurse demonstrated the breadth of her training and her high ideals of service in the way she responded to the call and served both at home and abroad. Her character, as well as the type of training she had received, was tested to the limit. Since the regulation of nursing education was left to each state, and since each state formulates only minimum requirements, the education of nurses throughout the United States showed a marked range of variation. The National League of Nursing Education, in attempting to set a standard of uniformity, published a standard curriculum which represented the maximum requirements in professional education. At the same time, the American Nurses' Association suggested a curriculum which it believed should represent the minimum requirements. All training schools were urged to adopt the maximum requirements, while all State Boards of Registration of Nurses were asked to conform to the minimum requirements. Therefore, in 1920, the Michigan State Board of Registration of Nurses increased the requirements of the state curriculum from 341 hours to 450. The board requested all training schools, in arranging class schedules, to use the curriculum of the National League of Nursing Education as a guide, wherever it was possible. The curriculum of the National League of Nursing Education covered 590 class hours, approximately 150 hours in excess of the number Michigan schools had been assigning. The Michigan State Board made a type schedule covering 450 hours for the schools which could not offer 590 hours of class work. No school was expected to follow in detail this type schedule, but all schools were asked to adopt the essentials of the schedule. The number of courses was not increased over that of 1915, but time was allowed for an increase of subject matter. In order that the nurse might have ample opportunity for practice in nursing procedures, each school was urged to maintain at least four distinct clinical departments. It thought that the medical service should furnish at least one hundred new patients during the term of service assigned to each nurse, and it should include both non-contagious and contagious diseases. It might also include mental diseases. Medical service must necessarily provide both male and female nursing. Surgical service should furnish one hundred male and female patients during the term of service assigned to each nurse. The operating room service should be distinct from the surgical service and should provide for each nurse thirty-two major operations in addition to minor operating work. The nurse needs experience in the care of at least fifteen patients in the obstetrical department. The care of the new born babe is implied in this service. In the children's department there should be fifty admissions of children ranging from one month to twelve years of age. The work here may be either medical or surgical. The training schools which cannot supply these services should affiliate with larger schools. The work in the diet kitchen should be especially stressed. The nurse needs the experience of preparing special dietaries, including milk formulæ for sick infants. At least four weeks of continuous service in the kitchen must be assigned to each student nurse. In addition, the Board of Registration of Nurses strongly advised a service in public health nursing. No training school could be accredited if its hospital had less than a twenty-five bed capacity.

The training schools were urged to keep full records of each student and her work. If the school did not already have a satisfactory method of keeping records, the state board offered to furnish it with the record blanks approved by the board.

Qualifications for entrance were still eighth grade. Certificates of health, of necessity, should be carefully filled out.

The problem of transfer of credits from one school to another was taken up by the board. It was decided to allow transfer of credit from an accredited school only. The school receiving the pupil with credit might take the pupil on probation to see if she was equal to the work of the new school before accepting her credits. The superintendent might evaluate the credit, and in case of a controversy, the board might be called on to decide. There was to be a complete record of the previous training of the transferred pupil, including theoretical and practical work in the various services, such record to be signed by the former superintendent of nurses and sent to the new school. An honorable discharge might be granted to a pupil if she was leaving training because of personal illness or illness of her immediate family, if she has a preference for certain phases of nursing not obtainable in that particular school, if the parental residence was changed, or occasionally, as the result of discipline when it did not involve lax morals. No pupil nurse dishonorably discharged from any training school could be admitted to another school on the accredited list of the Michigan State Board of Registration of Nurses.

With the passing of the new law in 1921, the State Board of Registration of Nurses (including now trained attendants) adopted the changed regulations and made some additional recommendations to the training schools. The law raised the educational requirements for entrance from completion of the eighth grade to completion of the second year of high school. The board required the hospitals, from 1924 on, to maintain an average of not less than fifty patients daily. If the number was less than fifty, the training school must affiliate for six months with a larger hospital. To the service required in 1920, psychiatry, hydrotherapy, massage, and work with tuberculosis patients was recommended. The board still strongly recommends the eight-hour day for actual nursing procedure. The complete course should have not less than 480 hours of instruction and a class hour should not be less than forty-five minutes.

The present board recommends the course of study as outlined in 1927 by the National League of Nursing Education, and while the curriculum is much the same as it was in 1920, more time and attention is given to communicable disease, pediatrics and infant feeding, psychiatry and public health nursing. The basic sciences are the same, but more class hours are devoted to each. In 1915, six hours was considered a sufficient time to pursue chemistry, now the course is lengthened to forty-five hours. The time spent on anatomy and physiology has been increased from twelve hours to ninety hours. The amount of time devoted to the study of foods, their preparation and service, has been greatly increased. In fact, the work done in the basic sciences in some of the training schools can be transferred, credit hour for credit hour, to any university, college, or normal school in the state. Not only has the academic work been radically improved, but the theory and practice of nursing procedure as well. Since the majority of our training schools now offer a three-year course, the student nurse has ample opportunity for acquiring skill in nursing technic. The able and consistent efforts of the Michigan State Board of Registration of Nurses and Trained Attendants is being rewarded in the improvement of the instruction, the higher type of instructor, organized schedule of class work, and by an actual following of that schedule. The nurses that are registered show a closer uniformity in their instruction than did the ones who registered under the waiver of the 1909 law, and it is very true that better nursing is coming from the better training.

The Michigan State Board of Registration of Nurses sets the date for examinations and one month beforehand publishes it in some newspapers of state-wide distinction, and in a nurse's magazine. The applicant for registration must apply for the same, in her own handwriting, fifteen days before the examination. She must be twenty-one years old, and since 1923, must have completed tenth grade education and hold a diploma from a training school giving at least a two-year course. When the law providing for registration of nurses first went into effect, the registration fee was $10.00, but with the 1921 law, the fee is $15.00. A mark of 70 per cent must be made in each subject. Failure in any subject withholds the registration, but on paying a fee of $1.00, a permit for nursing will be granted until the next examination. At first, the board was willing that an applicant re-write on one subject as many times as was necessary without a further fee. Recently, the nurse may have a second trial, and on failure to make the required mark, she may again formally apply by paying the registration fee and re-writing the whole examination. From 1910 up to a recent date, the subjects for examination were much the same, but in 1928 the list was increased by ramifying each branch and by re-arranging the plan to include more subjects. The list included the ten divisions already mentioned under the plan of 1910. There are still anatomy and physiology, but with bacteriology is included pathology, urinalysis, hygiene and sanitation. The third group is communicable disease and skin. With dietetics is diet and disease. With surgical nursing is included gynecology, eye, ear, nose and throat nursing. Obstetrical and medical nursing each stand alone as they did in 1910, when the examinations were first given. The examination now includes history of nursing, psychology, mental hygiene, modern social and health movements, and professional problems. The last group is pediatrics and infant feeding.

When the law of 1921 went into effect, every registered nurse was compelled to re-register and once a year from that time she will re-register. Since 1913, no nurse has been registered except by passing the examination, unless she is accepted by reciprocity. Some of the nurses considered the examination somewhat in the light of a hardship, but the fact that so many non-registered nurses are obliged to qualify for the examination makes nursing more worth while from the standpoint of intelligent service. Not only has the public been more adequately protected, but the body of trained nurses has been definitely set aside from the untrained.

The legal registration of nurses aroused antagonism among the "practical nurses" and a feeling was prevalent that the registered nurse was overtained and, because of her training, was making such exorbitant charges for services that families in moderate circumstances could not afford the employment of such service. The agitation finally expressed itself in 1919, in an attempt to present a bill before the legislators to permit the licensing of women and men who might graduate from a shorter course of training, and, therefore, would not need to charge so much for their services. The persons licensed under the proposed bill were to be called "junior nurses." Quite naturally, the registered nurse was jealous of her training and the effort she had made to get it. She did not want the standards lowered and she resented the criticism that she was nursing purely for commercial reasons and that she was overcharging for her services. An investigation was instituted by the State Nurses' Association to learn the truth of the tales of exorbitant prices. Nursing ethics had established a fair wage and the association wanted to know who was taking such undue advantage of her patients and was casting a shadow on the nursing profession. The investigation disclosed that the exorbitant prices were being charged by untrained attendants and in no case was a registered nurse unfair in her charge. The Nurses' Association, also, knew that to use the term "junior nurse" would confuse the public still more. Practical nurse, registered nurse, junior nurse, to the unschooled in nursing affairs might all mean the same thing. Nurses know that many patients do not require the highly developed service that they are able to give, and with the dearth of nurses, it seemed wise to provide persons to serve the less critical cases that demanded less expert attention and leave the trained nurse free to care for those that need her. So the Nurses' Association helped to formulate the bill that permitted the licensing of trained attendants and presented it to the legislature. The revised act dealing with registration of nurses and now including registration of trained attendants was passed in 1921. It provided that any person twenty years of age with eighth grade education and nine months training, of which at least six months were spent in doing practical work in a hospital, sanitarium or institution, may be registered with the State Board and granted the privilege of using T. A. (trained attendant) after the name. In all fairness to the persons who were already in service, there was a waiver permitting any person with three years of experience (the experience vouched for by three registered physicians) to be registered as a trained attendant providing she was more than eighteen years old. This opportunity was open until January 1, 1923. Since that time, all applying for the certificate of trained attendant must show fulfillment of certain educational requirements. In case of an emergency, however, the law permits the State Board to issue temporary certificates at its discretion. The certificates of the trained attendants are filed with the local boards of health. The trained attendant must register each year, the same being required of registered nurses. The licensing of the trained attendants has legalized and placed some control on the persons who wish to care for the sick, but who do not wish to spend the time and energy in acquiring the elaborate technical training of the nurse.

The Michigan State Board of Registration of Nurses and Trained Attendants supervises the training of the attendants as well as that of the nurses. It requires that the same institution does not give both types of training. The length of the period of training must be within the period of nine months and one year. The school must be conducted by a registered nurse who is qualified to teach the students elementary practical nursing procedures, preparation of the diet for the sick, and some science classes. Time has shown that the work of the trained attendant and of the registered nurse does not overlap, and that it is to the advantage of all concerned, the registered nurse, the trained attendant, and the public to have the status of the registered nurse and of the trained attendant defined by law and placed under careful supervision.

The Michigan State Board of Registration of Nurses and Trained Attendants has justified its existence in the careful attention it pays to the advances in nursing education and to the nurses' qualifications to meet the ever-changing social demands on the nurse. Training schools are informed of these changes by the board through the inspector of schools of nursing and suggestions are made as to how to meet the situation. The schools in the state that are accomplishing some phase of nursing exceedingly well may share their knowledge with other schools more easily by means of the inspector. A close coöperation among the schools of nursing has been established, which means better nursing in general throughout the state. The insignia R.N. in Michigan stands for careful training and a certain degree of proficiency in nursing because of the activity of the State Board and the coöperation of the training schools.

INSTITUTIONAL NURSING

One of the first important considerations in organizing the personnel in a newly established hospital is the matter of the nursing. The early hospitals, before the days of the trained nurse, provided this service by employing convalescents, hospital help or other available persons. In the infirmaries of penal institutions, the healthy inmates were assigned to care for the sick. While this type of nursing is still adhered to in a few of our Michigan institutions, we find that the majority of them employ graduate nurses for at least an important part of the service. The size, nature, and control of the hospital determines somewhat the number of trained nurses which are employed. Often, the superintendent of the hospital is a trained nurse, or the superintendent of nurses, or both. If a training school is conducted in connection with the hospital, trained nurses are employed to supervise departments and floors and to instruct the undergraduates. The student nurses do most of the routine nursing on the floors. If there is no school, however, graduate nurses provide all such services. Some of the smaller hospitals have found it more satisfactory to employ graduate nurses than to maintain a school for nurses. The Paulina Stearns Hospital of Ludington and the Ann Arbor Private Hospital are among those that discontinued their training schools and now use registered nurses entirely. Many hospitals, such as the Roosevelt American Legion Hospital, of Battle Creek, and the various industrial hospitals, Calumet and Hecla Hospital and others, find it a matter of economy, as well as efficiency, to employ only graduate nurses. The municipal hospitals and the tuberculosis sanitaria employ trained nurses. Sanitaria which train attendants or offer affiliation to other training schools, maintain a corps of trained nurses, as well. Each year, from the graduating classes, numbers of nurses go back into hospital work, some eventually to fill administrative positions. The nurses pursuing their profession in the institutions of this state, and elsewhere, are making an important contribution to society's welfare in this way. Some of our nurses become anesthetists and others assistants to physicians, so that they spend much of their time and effort in institutional work.

Private Duty Nursing and Official Registries

The trained nurse appeared because the hospital needed her. Communities began to realize her worth and induced her to perform nursing services in private homes. Such service has become a most important one for many hundreds of graduates. Nurses wanting to do such private duty nursing finally were distributed over the state, sparsely in some localities, it is true. In many neighborhoods, particularly a few years ago, the private duty nurse was the only nurse known. It was her responsibility to represent the entire profession to the public. If she was worthy, all nurses were highly respected; if unworthy, the nursing profession received criticism. It is pleasant to record that the work of private duty nurses in Michigan has commanded such respect among the people that they have sponsored the Red Cross movement, public health nursing, tuberculosis nursing, and other health crusades. Most of the nurses enter training with the idea of returning to the communities from whence they came, where they may care for the sick in homes or do special duty nursing in a hospital, if there be such in the vicinity. Consequently, the nurses in private duty are likely to be the young nurses fresh from the training school and such nurses as have had the opportunity of trying out the different branches of nursing and know that they want to continue in private duty.

Since the private duty nurse has always been more or less isolated from others of her profession, she has a tendency to become a free lance. Her loyalty to her own training school and her observance of professional ethics were the only restraints she knew. In the early days, private nurses were too busy to form their own organizations and, since they could not always attend the meetings open to them, their problems were likely to remain unsolved. Finding employment was a problem. Early graduates have told how the young nurse was obliged to rely on her acquaintances to help her in becoming established. If she moved into a new locality where she was unacquainted, she had to wait, often a considerable time, before she could expect sufficient employment. Commercial employment bureaus saw their opportunity and untook to "place" nurses, sometimes detracting from the dignity of the profession. The training schools tried to correct this situation by placing their own graduates as far as it was possible to do so. Each training school of Detroit had a directory for its own nurses. Grand Rapids hospitals conducted separate directories and over the state other hospitals attempted some such plan. These training school directories were only partially satisfactory, since other nurses in the community from other schools were not listed and the hospital could not handle the matter satisfactorily because of more immediate duties.

In 1908, the Wayne County Nurses' Association, an outgrowth of the

Alumnæ Associations of Farrand Training School, Grace Hospital Training School, and St. Mary's Hospital Training School, established a central directory for nurses in Detroit. The object of the directory was to give all nurses graduating from a recognized training school and of good moral character a central place to receive their calls. Miss Agnes Deans, Farrand Training School, was employed to organize the directory and to solicit charter members. The development of the directory was a very delicate task, since the eligibility of each applicant had to be definitely determined before she was accepted for membership. The fact that the Central Directory of Detroit has grown from a membership of one hundred to seven hundred shows that this directory established by nurses with a high ideal for nursing has proven satisfactory. The three training schools in Grand Rapids united in organizing a nurses' directory when the separate directories proved unsatisfactory. As in Detroit, the requirements for membership were based on graduation from a recognized training school and the maintenance of a high ethical demeanor.

The Michigan State Nurses' Association felt the need for closer organization of the nurses who were giving bedside service in order to protect and elevate this important art of the nursing profession. In 1919, the State Association was divided into districts, with the suggestion that each district organize a local registry where the physicians and the public might more conveniently obtain their nurses. The ideal plan was to have a directory in each county, preferably at the county seat. A survey showed that some counties had so few nurses that a directory would be too expensive for them to maintain. In fact, only ten official registries have been established in Michigan. As each directory was organized, a title was assigned. This led to some confusion, and now an attempt is being made to call each one "The Nurses' Central Directory." A nurse transferring from one district to another can thus quickly establish herself. The public also may know which directory, if there are private ones as well, is under the supervision of the State Nurses' Association. This led to the central directories organized at an earlier date in the cities undergoing such reconstruction as to place private duty nurses throughout the state under the same regulations.

The objects of the central registries are to make a central headquarters for nursing interests, to aid the medical profession and the public in securing competent care for the sick, and to give aid in every way for the advancement of the nursing profession. In the main, the central registry is under the control of a board of directors of the district in which it is located. If not by directors, it is controlled by a committee appointed from the district. A graduate nurse is employed as registrar, and she is accountable to the district for her management of the registry. She must keep the registry open at all hours, and during her absence, she is supposed to have a competent person whom she can leave in charge. Each district compiles its own rules for the registry, but these regulations are nearly alike throughout the state, with some slight differences in fees. Any graduate nurse who is registered with the State Board, or who will come up for her examinations within six months, and who is acceptable to the board of directors, may enroll in the registry. However, no nurse may enroll who is not ready to accept calls. The nurse who wishes to enroll must have paid district dues, which include state and national dues, before her eligibility may be considered. When the nurse accepts the use of the Central Registry, it is with the understanding that she will accept day or night, hospital or outside calls. If the nurse wishes to make exceptions of certain classes of work, such as contagion, she must make these exceptions in writing. After enrollment, her name is put at the end of the list, since the nurses are called in order. The nurse on call must acquaint the registrar of her whereabouts, and if she is out of reach for a certain length of time, two hours in some places, her name goes to the end of the list again. Some registries penalize the nurse when she is indifferent about notifying the registrar as to where she may be reached during the time she is expecting a call, by suspending her from the registry for three days. The nurse is expected to accept any call that comes in for the class of service she is fitted to perform. Some registries, however, such as those in Detroit, will grant some special favors to nurses who have been enrolled for a period of five years or more. Every registry permits the nurses to accept the established uniform fees for the different types of cases. The registry determines the length of the day. This uniformity of rates allows the employer to know just what he may expect to pay for the service he wants, and it does away with overcharging. In the case of alcoholic, drug, and mental cases, however, the nurse it at liberty to make her own terms. The Nurses' Central Registries supply, for a nominal sum, a pad of statement and receipt blanks combined. On the back of each sheet is printed the schedule of rates, so the employer may check up the bill. The private duty nurse enjoys using these blanks since the procedure is businesslike and does away with embarrassing controversies over the charges.

The registries strive to be fair to all the registrants. The physician or the family may ask for a particular nurse, but if no special request is made, then the registrar sends out the nurses in the order of their names on the list. If a nurse responds to a short call, she is not, as a matter of fairness, to lose her rightful place on the list for a certain number of hours. Any nurse that finishes a contagious case must not accept another case until the period of incubation of the disease which she has just attended is past, unless some physician will assume the responsibility of permitting her to accept a new case. At all times, the official registries have as their ideals the upholding of all professional ethics and consideration for the nurses enrolled with them.

Often a case does not require the care of a registered nurse for full time, so several districts have instituted part time or hourly service from some of their nurses. The nurse may visit the patient one hour or more each day and for this service may charge $2.00 for the first hour and fifty cents for each additional hour or fraction thereof. The hourly service is giving the patient the advantage of adequate skilled care without the expense of a full time nurse.

The district may use its own discretion about placing names of practical nurses on the registry. Some of the districts feel that this is a definite advantage, since only the best practical nurses ask to be enrolled and it places them under some kind of supervision. Lectures are offered at some of the official registries for the practical nurse, so that they may acquire better technic in nursing procedure. The Detroit Registry holds classes for them and requires attendance. Suggestions are made concerning the fair wage for the untrained nurse by the registry which enrolls practical nurses, although there is nothing compulsory about following the suggestions as there is for the registered nurse.

The private duty nurse assumes the greatest risk of unemployment of any of the nursing branches. Also, the long hours of heavy responsibility forces them to take periods of rest between cases. During a financial depression, families are likely to economize by doing without expert nursing except for very critical cases. Some of the hospitals are employing private duty nurses, in order that the nurse may have steady employment with reasonable rest periods, and the hospital the assurance of her services for special duty when the occasion demands. A recent author writing on nursing conditions suggests that the field of private duty nursing is over supplied, but the reports of the official registries in Michigan for 1929 show that the demand for nurses exceeds the supply. Therefore, more Michigan women must train themselves for private duty if the people of the state are to have sufficient care.

Michigan's Contribution to the American Red Cross Nursing Service

When the Civil War was declared, there was not a trained nurse in this country to respond to the call of the Sanitary Commission. Women with practical nursing experience in hospitals or in the home served in an unofficial capacity by caring for the sick and wounded soldiers. In our next war, such was not the condition. Many of our states had well established training schools for nurses—there were twelve training schools in Michigan—which had sent graduates into active nursing service. In 1898, when war was declared on Spain, the War Department desired twenty-five trained nurses to go with each regiment. The Army and Navy Departments published a statement to the effect that the presence of women nurses would have a salutary effect on the soldiers, as well as supplying a real need. Consequently, on May 16, 1898, the Associated Alumnæ voted unanimously to be on call for any service that the Secretary of War might demand. And by May 29 of that same year, for the first time in the history of these United States, women were being secured as nurses for service near the field of action. The Army and Navy Departments placed the selecting of the trained nurses in the hands of the Daughters of the American Revolution.

Since women in the army was an experiment, the utmost care was used in their selection.

The graduate nurses in Michigan were prompt in offering their services. and it was a matter of pride that so many of them were accepted. The conditions under which the nursing had to be done was a great test of endurance and skill. One Michigan nurse wrote from Key West, July 24, that she had charge of one school hall which had been converted into a ward for ninety patients. Since the ward was always filled, she and her assistant, a trained nurse from Texas, two sisters, and one male nurse worked under great difficulty and for fourteen hours without rest. But the nurses never complained of feeling tired. They often wished for more trained nurses, however, when they found that the need was so great. Another Michigan nurse wrote that, on board a hospital boat, she had charge of ninety-six very sick soldiers, half of them typhoid patients and the other half with malaria. A Michigan nurse stationed at Fort McPherson in a tent hospital wrote about the sticky red clay she had to walk through for fourteen hours each day. She said that the work was so interesting that she never felt tired on duty, but she was "just dead at night." The work the nurses accomplished during the Spanish American War was often under the greatest difficulties. The equipment was meager and the number of patients too great for the number of nurses. The pay from the government was insufficient. Yet these nurses, by their skill and uncomplaining endeavor, were able to win the confidence of the War Department.

Michigan sent several trained nurses into the Spanish American War. Among the number were Miss Fletcher, Niss Norah Welsh and Mrs. Bauer, who went from the Union Benevolent Association (now Blodgett) Training School. Butterworth Hospital Training School, also of Grand Rapids, sent four nurses, Miss Gunn, Miss Konkle, Miss Mary Crichton, and Miss Dooley. From Farrand Training School Miss Emily McLaughlin, Miss Lulu Durkee, Miss Henrietta Morrison, Miss Jeanette McDonald, Miss Jean Mitchell, Mrs. Janet D. James and Miss Rutley served their country in this pioneer work. Miss Eugenie Hibbard represented Grace Hospital Training School in the southern camps.

When the World War was declared, the woman nurse had proved herself. She had been a part of the army for nearly two decades, although her rank was not fixed until in 1919, when she was placed in rank higher than the sergeant. The American Red Cross had been incorporated by an Act of Congress in 1905, and since then had been more or less active as conditions demanded. The American Red Cross was delegated to secure sufficient nurses to take care of the several millions of men who might be called to service. Twenty-five thousand nurses were asked to be available for service by January first, 1919. Michigan nurses enrolled with the Red Cross in great numbers and 829 of them saw service in the camps at home and overseas. On the service flag of the Michigan State Nurses' Association are twenty-one gold stars, representing the nurses who paid the great price.

Michigan financed three hospital units which went to France. Miss Emily A. McLaughlin, Harper Hospital, was appointed chief nurse for Base Hospital No. 17, which was made up in Detroit. Sixty-five nurses were in the nursing corps of the unit. Orders to prepare for mobilization were received May 23, while the State Nurses' Association was holding its annual meeting in Grand Rapids. Two nurses, Miss Sarah Halsey, of Detroit, and Mrs. Margaret Squires, of Saginaw, were called to Detroit from the meeting to join the rest of the unit. They sailed from New York July 13, 1917, and were stationed at Dijon, France, for nineteen months. The nurses reached home in March, 1919. Base Hospital No. 36 was the first unit of the one-thousand bed type to be dispatched overseas. It arrived in France and became established at Vittel during the fall of 1917. Mrs. Betsey L. Harris, Children's Free Hospital, Detroit, the chief nurse, started recruiting nurses in April. She had ten applicants the first week, and, within a few weeks, the sixty-five nurses who were to make up the nursing corps were accepted. Then the order came to increase the number of nurses to one hundred. By September first, the unit was ready for mobilization. After a month for drills and outfitting, they sailed for France. The first three weeks were spent putting quarters in shape for patients. The weather was very cold and no means for artificial heat were at first supplied. Eighteen of the nurses were ill. Many of them were pressed into service in other camps while Base Hospital No. 36 was being organized. However, after the sick and wounded began to enter the hospital, the nurses were so busy that few leaves of absence were allowed and often the hours were long and the work hard and difficult. The quality of the food and work brought forth but few complaints, but the stoves and the poor coal tried the patience of not a few. After the armistice was signed, the nurses took their accumulated leaves in order that they might visit places of interest in France and Germany. When the nurses of the unit were sent home, they found that the nurses of Unit 17 were on the same boat. Detroit sent a special train to meet the two units in New York, but the expected celebration on the arrival in Detroit was somewhat spoiled by a very heavy snowfall. While these two units were financed by Detroit, the nurses came from sixteen different Michigan hospitals and, also, from some Ohio hospitals. In the early summer of 1917, Grand Rapids raised the money to finance a hospital unit. Mrs. Susan Fisher Apted, a former superintendent at Butterworth Hospital, was appointed head nurse, and in June she began to recruit the nurses for Unit Q. In a short time, the twenty-one nurses were accepted and ready to go. The nurses were told what equipment and clothing would be needed, so many of them began to supply themselves with white two-piece uniforms. The skirts were four inches from the floor and had a six or eight inch hem. Four pairs of shoes made a part of the equipment. Some of the nurses were sent to camps in the United States to await sailing orders, others were left in their own positions. On March 28, 1918, the Grand Rapids nurses left for New Jersey. Later, all of the nurses of Unit Q gathered in New York City, where they were taken to headquarters for instruction and official equipment. The trim white uniforms were not to be used after all. The Red Cross supplied grey uniforms, collars, caps, aprons, rubber boots, three pairs of shoes, sleeping bag, blanket, blue overcoat, blue suit and flannel blouse. The rain hat and trench coat were acquired in France. On May 11, the entire unit, officers, nurses and men, eighty-three in all, embarked. One nurse wrote of the dancing, the band, and the gay time on board ship until the last night out, when a German submarine was sighted. Every one stayed on deck and stood near the lifeboats. There were depth bombs a plenty, but nothing happened. On arrival in Liverpool, orders were received which sent Unit Q to Knotty Ash—a receiving camp in England—instead of to France. The disappointment was keen. There were no quarters prepared for women in Knotty Ash, so the nurses were sent, some to a hotel and some to Moseley Hill. The British nurses passed their butter to the Unit Q nurses. Our nurses, little realizing the scarcity of butter and how little was allowed the British nurse, helped themselves as they would in times of peace. Needless to say Unit Q nurses were chagrined when they realized what had occurred. But such was war. Then orders came sending the unit to France. They crossed the channel from Southampton to Havre at night, and entrained for Paris. They were sent to Red Cross Hospital No. 5, located on the race course at Auteil, a short distance from Paris. It was a primitive temporary affair, but capable of great expansion. Its nursing staff was under the direction of Miss Harriet Leet. Tents served as wards. The capacity of each was normally thirty beds. In times of stress many more were crowded in. The hospital grew rapidly, caring at first for a few hundred men and later for as many as 2,400 at one time. The operating rooms, in use often day and night for weeks at a time, were shacks connected with the surgical wards by tent corridors. The kitchens and the offices were also in shacks. The nurses were housed in the Red Cross Hotel in Paris, where they had two meals a day. They had luncheon in the hospital. The food was good and plentiful, but butter and milk were lacking, and eggs were scarce. After a time of butter deficiency, Unit Q nurses could better value the generosity of the Moseley Hill nurses when they passed their limited butter supply. The first patients sent to Auteil had been gassed. Many of them had mumps, diphtheria, and other infectious diseases. Some of the nurses contracted the diseases and had to be quarantined in tents. The hospital served more than 10,000 patients, and it was filled to capacity the day the armistice was signed. By Christmas of 1918, there were very few patients left in the hospital, and the medical staff and nurses were waiting to be sent home. Orders came on January 1, 1919, to go to Bordeaux. Here in a hospital of several thousand bed capacity, the unit helped to serve the wounded and sick and prepare them for embarkation. In March, the unit was divided for the first time since it sailed from New York. The nurses were the first to go and returned on a boat of the United Fruit Company over a southern route. With home in anticipation, tropical seas and pleasant companions, the journey was soon over and the nurses ended their war service in a happy home-coming.

Some of Michigan's nurses were outstanding for their service during the World War. Miss Elizabeth Vaughn was assistant to Jane A. Delano, the director of the American Red Cross nursing service. Since the war, Miss Vaughn holds an executive position in the midwest branch of the American Red Cross in St. Louis, Missouri. Miss Matilda Krueger, another Michigan nurse, served most ably in helping to organize the American nursing service in France. She gave her life for this work. During Miss Krueger's illness, Miss Delano wrote to her often, expressing sympathy for her suffering and appreciation of the excellent work she had accomplished for our soldiers in France.

The American Red Cross serves in times of peace as well as during war. In 1911, the national organization appointed Mrs. Lystra Gretter chairman of the nursing service of the American Red Cross for Michigan. Mrs. Gretter formed three Michigan committees, one with headquarters in Ann Arbor, another with headquarters in Detroit, and the third with headquarters in Battle Creek. These committees were concerned with securing enrollment of nurses for active service whenever the Red Cross called. The Red Cross wanted nurses of very high attainment and required unusual qualifications. While the ability to fulfill these qualifications limited the number of nurses who might enroll, they served to enlist only the highest type nurse for emergency work. Mr. Fieser, vice chairman of domestic operations during the New England and Mississippi floods in 1928, testified to the quality of nurses who wear the Red Cross label by saying in a public address, that the Red Cross emblem was a measure of excellence in nursing, and every nurse should prepare to wear one. The Red Cross nurses of 1913 and of the succeeding years were as worthy of honorable mention as the nurses who served under the Red Cross in 1927 and 1928. After the organization of the Red Cross in Michigan, the first call to duty was answered by twenty Michigan nurses, three from Ann Arbor and seventeen from Detroit. These nurses helped in rescue and hospital work in Dayton during the flood in 1913. By 1914, 139 nurses were enrolled. The enrollment increased until it reached its peak during the World War. Since the war, the enrollment has decreased, but not to the extent of impairing any emergency work that might be required. When the Red Cross sent out nursing units to Belgium in 1916, three Michigan nurses went, Miss Florence Fisher, of Grand Rapids, Miss Hannah Ericson and Miss Sarah Halsey, of Detroit. In 1923, Miss Julia Wolaski, of Detroit, was sent to Warsaw, Poland, for nursing relief work. Emergency demands continue. Michigan Red Cross nurses, in 1927, were called to Bath, Michigan, to care for the wounded children of a schoolhouse disaster, and to Ishpeming, Michigan, when one of the mines caved in, wounding several miners. This was the year of the disastrous floods along the Mississippi in several Southern states, and many Michigan nurses were sent there for service. Miss Margaret Meister, Detroit, was sent to the

Cheyenne Indian Reservation, Montana. She worked in a locality sixty miles from a railroad..

The Red Cross committees of Michigan were revised. The headquarters located in Battle Creek were moved to Grand Rapids, and a new committee was formed with headquarters in Marquette, making four committees in the state. In 1919, there was a call for good nursing in the home, when the soldiers began to return home; many ill, and many discouraged. War conditions, with the mother away from the home, were threatening healthy childhood.

This apparent program of the Red Cross then included courses in home nursing, taught by Red Cross nurses. Miss Welsh, of Grand Rapids, stated in a report given before the Michigan Nurses' Association in 1919 that the purpose was to bring the Red Cross to every woman in Michigan. Many home nursing classes were organized over the state. The class work in home hygiene and care of the sick was well organized by 1926. The official Red Cross textbook was used by the class and any of its members who completed the course were graduated with an appropriate certificate testifying as to the nature and character of the work accomplished. These courses undertook to teach simple home nursing procedures, care and equipment of the sick room, the care of children, the feeding of the sick, and other equally important phases of nursing. One of the outstanding results of these classes is an awakened civic responsibility among women and girls. One district reported 257 enrollment in the home hygiene class, and, of this number, 209 were graduated.

Mrs. Gretter, after serving eighteen years, resigned the state chairmanship for the Red Cross. Her years of constructive work resulted in a fine organization of Red Cross societies throughout the state and in their active interest in health for the home and the community. It was with regret that Mrs. Gretter's resignation was accepted in 1928. Miss Elba Morse was appointed by the national organization to take Mrs. Gretter's place. Miss Morse had been the field nurse for Michigan under the mid-west branch a few years before this, and her knowledge and interest made her a desirable chairman for the state.

Michigan Red Cross chapters generally began an active participation in nursing service in 1919, although earlier records show that one or two counties affiliated themselves with the Red Cross as far back as 1915, in order to employ a nurse for community nursing. In fact, Kent County had a nurse in 1914, supported partially by the Anti-Tuberculosis Society and partially by the Red Cross. Since 1919, Red Cross chapters have been prominent in furthering numerous nursing services throughout the state. During this period, twelve were financed entirely by Red Cross chapters, and thirty-six jointly by chapters and coöperating agencies. Eleven still flourish and are financed wholly or partly by chapters. The Red Cross chapters have entire supervision of the work, and represent in their membership a roster of outstanding men and women in the communities which they serve, so that every citizen has an opportunity to understand the nursing work that is being done. Because of the Red Cross nurse and the people's interest in her work, Michigan has a membership enrollment of 231,563. Michigan stands first among the seventeen states of the Red Cross mid-western area, and eighth among the states of the Union.

At one time, fifty-two Red Cross chapters in Michigan were supporting, either entirely or partially, a well trained nurse who visited the sick in their homes, arranged physical examinations in the schools, gave health talks to mothers, and attempted to educate the community in healthful living. Fifty of these chapters were county organizations, and while each chapter did not employ a nurse alone, the state was fairly well covered in this way. At the present time, twenty-one services have been discontinued because of lack of funds, sixteen services have been turned over to public support or other agencies. Clare, Otsego, Lapeer, Dickerson, and Kalkaska counties are having a month's service each because they cannot afford a full time service. The following counties have Red Cross nursing: Washtenaw with two nurses, Miss Mary Hoover and Miss Adela Binda; Ottawa with one nurse, Miss Madge Bresnahan; Clinton with one nurse, Miss Mary Schneider; Montcalm with one nurse, Miss Edna McBride; Monroe with four nurses, Miss Lydia Schmeising, supervisor; Marquette with one nurse, Miss Martha Johnson; Huron with one nurse, Miss Mae Belle Kellogg; Berrien with one nurse, Miss Emma Arnold; Alpena with one nurse, Miss Martha Alfson.

A typical example of the average Red Cross nursing service in Michigan might be cited in the following history of Bay County:

Bay County chapter was one of the first chapters in Michigan to start public health work. It began with classes in home hygiene and care of the sick, for which one nurse was employed for over a year. This created such an interest that the chapter in 1919 employed two nurses, Miss Julia Schneble and Miss Agnes Halloran, one with headquarters at Bay City and one at Pinconning. These services were under the direction of a Red Cross supervisor, Miss Maud Roland. The second year they found it impossible to carry two county nurses, and dropped one. At the beginning of the third year, the Board of Supervisors paid $1,000 toward the nurse's salary, and the next year $1,500. By 1925, the city work had been turned over entirely to be cared for by public funds and the Red Cross maintained a joint service with the county. In addition to this, the Civic League maintained four nurses. It affiliated with the Red Cross so that the nurses might be under the supervision of the Red Cross supervisor. In 1927, this affiliation was closed. The county nursing service was turned over to the county commissioners in 1928. The work was to be directed by a committee appointed by the commissioners. The Red Cross chapter gave the county the car they had furnished for the nurse and the parting message that they were ready to help again in any way possible if it were ever necessary.

And this is, in brief, the history of the American Red Cross in Michigan. It enrolls nurses for service in time of emergency, it educates in healthful living, and caring for the sick, and it organizes community nursing, supporting the project until some other agency is ready to take over the work. "Until we can control the elements, we will need the American Red Cross." It is more than an organization; it is a spirit; it is an ideal. Its only object is service.

Nursing Service for the Prevention and Relief of Tuberculosis

Although for twenty-eight years progressive physicians and boards of health had been attempting to arouse an interest in the prevention of tuberculosis, it was not until December of 1907 that a state committee was appointed to organize an active state organization with local branches. The state organization known as the Michigan Association for the Prevention and Relief of Tuberculosis was effected on February 21, 1908. One of the early enterprises of this association was to arrange exhibits for the International Congress on Tuberculosis which was to be held September 21 to October 12 of the same year. The Michigan State Nurses' Association was interested in the undertaking and contributed a sum of money to be used for the exhibit and sent a group picture along with a resolution which offered the cooperation of the trained nurses of Michigan in any endeavor to control tuberculosis. That first year ended with forty local branches organized to do active service. Three of the societies which affiliated with the state organization had been organized since 1905 and, already, had established a visiting nursing service for tuberculous patients. The Grand Rapids Anti-Tuberculosis Society, organized on February 24, 1905, reported to the State Tuberculosis Association that due to nursing service and free clinics, the number of 307 deaths resulting from tuberculosis during the period from 1901 through 1904, three years before the active work of the society, had been decreased to seventy-three deaths during the period from 1905 through 1908, the three years of the preventative work of the society. The visiting nurse had averaged between 100 and 200 visits on tuberculosis patients a month and had nearly seventy-five cases under observation. The Detroit Society for the Study and Prevention of Tuberculosis was organized March 21, 1905, and at the time it affiliated with the state association in 1908, it was employing four visiting nurses whose work was to instruct and care for all cases of tuberculosis among the poor, free of charge. The Battle Creek Association for the Study and Prevention of Tuberculosis was organized May 9, 1905. Of the branch societies of the State Association which were organized in 1908, the Houghton County branch started at once to earn money to finance a visiting nurse. Four women offered to work under physicians' directions in caring for tuberculosis patients until a nurse might be employed. Michigan had established some tuberculosis sanitaria prior to 1908, supported by either public or private funds. Trained nurses were willing to care for such patients, although often their training had not included tuberculosis nursing.

Miss Agnes Deans, R.N., reported the nurses' work in prevention of tuberculosis in Michigan for 1909. She stated that Visiting Nurse Associations in the state were taking an active part in this important work. Nurses in localities where no nurse was designated especially for tuberculosis work watched for opportunities to coöperate in the relief and prevention of the disease. In addition to the nurses who were already employed in 1908, several others had been secured. Ann Arbor was able to finance a nurse in 1909. The Battle Creek Sanitarium offered the Battle Creek Association the privilege of securing, without cost, the services of trained nurses who would go into homes and give nursing service and whatever instruction might be necessary for the welfare of the patient or of society. Detroit had added the fifth nurse. The annual report of the tuberculosis nurses for 1907 in Detroit showed the extent and the type of service the nurses gave.

Professional visits	1,475
Visits of instruction, investigation and distribution of supplies	3,093
Dispensary visits	122
New patients	280
Discharged	54
Deaths	69
Milk tickets issued (quarts)	4,813
Eggs (dozens) supplied	1,477

The following information was given concerning 275 new cases:

Arrested	5
Improved	64
Condition not changed	142
Died	64
	275

A very interesting portion of the report was that which recorded the attitude of patients toward the instruction given. Possibly more than anything else, this emphasized the need for the educational work which the nurses were trying to give.

Careful cases	55
Fairly careful	96
Careless	102
Grossly careless	27
	280

Houghton employed a nurse in 1909, a goal toward which the community had worked so hard the year before. The Board of Trustees of the Saginaw General Hospital employed a nurse for four years to look after cases of tuberculosis. Besides the dispensary cases and the home cases, the nurse found a large field among the public school children. With the aid of physicians she found several incipient tuberculosis cases and in one school, in the course of her work, she found that one-third of the children needed adenoid or tonsil operations. Caro could not employ a full time nurse, but the Anti-Tuberculosis Society maintained headquarters at the county fair, where they stationed trained nurses to do educational work.

That the nurse is a valuable asset to the state in its campaign of protection and prevention of tuberculosis was becoming better understood and more appreciated by 1910. Her field of work was in the homes of the ignorant poor—the stronghold of tuberculosis. Her work was becoming more and more educational in its direction, although she still gave nursing service. Fourteen cities had established tuberculosis nursing, and the resident nurses in the other localities were actively engaged in the crusade against tuberculosis.

In 1913, the State Association employed its first field nurse. The nurse was to give one month of service to each of the twelve counties that sold the largest number of Christmas seals. Incidentally, this reward sent a nurse into the rural communities. Miss Sarah Tuffs was selected to do the county nursing, and she was succeeded by Miss Curry Breckinridge. Kent County was awarded the first month of nursing and the result of the experiment was the employing of a full time county nurse in 1914. That year of rural nursing was a great boon for Michigan. Some cities were already reaping the benefits from visiting nursing, but smaller communities and rural districts of the state had never experienced the advantage of a nurse whom the family could not afford to employ, but who was interested in the welfare of each family nevertheless. School children were inspected, mothers and young babies were cared for, tuberculosis was sought out and the nursing care of these patients especially emphasized. Certainly this was the pioneer work of introducing what eventually became county public health nursing throughout the state.

At the annual meeting of the State Tuberculosis Association in 1914, Dr. Kellogg was appointed chairman of a committee to raise $50,000 to be expended by a joint committee from the State Board of Health and from the State Association for the Study and Prevention of Tuberculosis in surveying the State of Michigan for cases of tuberculosis. The legislature, however, appropriated $100,000 for the purpose of stamping out tuberculosis in Michigan. The State Board of Health, using this money, secured the services of three physicians, several assistants—the number being dependent on the size and population of the county in which the work was being done—and eleven trained nurses. This State Board of Health Tuberculosis Commission had two years in which to make the state-wide survey. The value of this survey cannot be told in mere numbers of cases examined and advised. It was told by the reaction of the counties to the work undertaken and to the workers. Counties that had never had free clinics were introduced to the work a clinic does. Such counties became acquainted with nurses who were doing a public service and not just engrossed in a special patient, and counties learned that although formerly they believed themselves to be unneedful of special health measures and precautions, they must begin to do something to improve the health conditions of their own localities. Consequently, when public health nursing was launched for the state, the way was partially prepared, at least, for an encouraging reception.

As the years have gone by, visiting nursing service for tuberculosis has steadily increased. The State Tuberculosis Association added more nurses to its staff and local branches did the same. Counties employed full time tuberculosis nurses and boards of health added nursing to their other duties in the control of the disease. Visiting Nurse Associations designated nurses for tuberculosis work if no other nurse was so employed in the locality. Today, while there is still more educational and relief work to be done, communities are making it possible for the patients to have the attention of skilled nurses whenever they need such special care. In summarizing the value of the nurse in this important work, Rabbi Leo Franklin said, several years ago, that the visiting nurse's influence as a social worker simply cannot be over-estimated. It is perfectly possible to tell how many visits she has made in the course of the year, how many patients she has seen, but who can tell to what degree she has re-awakened the dormant self respect of an afflicted family, or to what degree she has aroused their ambition to change their environment and thereby help themselves. Thus the tuberculosis nurse gives care to the patient and works for a healthful uplift of the community. Tuberculosis nursing is educational as well, and out of it has grown wide-spread community nursing.

Public Health Nursing in Michigan

The community nursing programs of the American Red Cross and the Michigan Anti-Tuberculosis Societies paved the way for the county nurse who was paid out of public funds and who was under the direct supervision of the Michigan Department of Health. A law was enacted in 1927, which permitted inhabitants of any township, at a legal meeting, by vote of qualified electors, to grant and vote moneys for the purpose of employing a public nurse. The nurse, or nurses, may be employed on a part or full time basis. But no person so employed may diagnose, prescribe, or use her influence for the financial gain of any doctor, dentist, or druggist. No person who objects, or a minor whose parents or guardians object, need be compelled to accept her suggestion for a physical examination of any kind. Later, this act was amended to permit each county of the state, by its board of supervisors, to employ a nurse for public health nursing, provided she is a registered nurse and has received four months of training in public health nursing in a recognized school, college or university, or else has had eight months experience in public health work. The law required public health nurses to send reports to the Michigan Department of Health. In 1921, a new division was added to the Department of Health, the Bureau of Child Hygiene and Public Health Nursing. Dr. R. M. Olin said that the formation of this bureau marked the beginning of systematized nursing throughout the state. It meant putting county nurses into those counties having no nurses, establishing health centers, holding permanent baby clinics, preventing sickness, and restricting spread of contagious diseases. The American Red Cross and Michigan Anti-Tuberculosis Association signed an agreement affirming that each organization would coöperate closely with the Department of Health in this project. Miss Harriet Leek was made the first director of this bureau.

She had as her assistants Miss Malinda Havey, of the Red Cross central division and Mrs. Helen de Spelder Moore, of the Anti-Tuberculosis Association.

The Bureau of Child Hygiene and Public Health Nursing undertook to better four phases of community health by giving attention to prenatal care of mothers, welfare of infants from birth to two years of age, the preschool child from two to six, and inspecting school children. The work of the bureau was largely educational the first year, although some active service was rendered. In 1921, permanent baby clinics were established in four counties, and temporary ones organized in seven counties. School children were examined in two of the counties. Fifty-three counties were visited that first year to arouse interest in community health problems. The schools of nursing were visited, where talks were given to student nurses and to graduate nurses to stimulate interest on the part of the nurses in public health nursing. The visits to the training schools resulted in forty-one applications for public health nursing positions. The work accomplished in 1922 was the examination of 736 children under school age, which disclosed that 25.8 per cent of them were under weight. Written or verbal advice was given to the parent for the care of the underweight child. School children were examined and, again, the nurse or doctor would suggest to the parent ways of correcting the defects which were found. A goiter survey was made in Dickenson County in 1922.

When the Sheppard-Towner Act granting federal aid for public health work was passed, the Bureau of Child Hygiene and Public Health Nursing divided the state into nursing districts for the sake of economy, for more readily securing information and for greater efficiency. There were five districts, the Upper Peninsula, the Northern District, the Central District, the Southeastern District and the Southwestern District. Late in 1923, the last two districts united, making in all four nursing districts for Michigan. The survey of 1923 showed that there were sixty county nurses, sixty-seven local school nurses, twenty-five industrial nurses, and seventy-one general public health nurses in the state outside of Detroit and Grand Rapids. A committee made up of the presidents or legislative chairmen of women's organizations was formed to stimulate interest in nursing projects and to acquaint the different localities of the state with the nursing program. The chief concern of the county nurses was to combat infant and maternal mortality. In 1924, eighty-six mother and baby clinics were established outside of Detroit and Grand Rapids. Two counties were selected for intensive service in infant and prenatal nursing. Neither county had public health nursing, and both had been very high in infant death rate for several years. Alger County, in the upper peninsula, was sparsely populated, with a high percentage of foreign born inhabitants. For 10,000 persons, there were five doctors and one hospital. The state nurse found a great deal of prejudice toward her work. The mother's classes were poorly attended, therefore the nurse made many home calls. The nurse found so many bottle babies that she put on a campaign of instructing mothers as to the importance of breast feeding. The close of the year 1924 showed a decrease in the infant death rate and also showed no mothers lost. The Board of Supervisors of Alger County employed a county nurse who could carry on the work started by the state. The other county selected was Calhoun, thickly populated, with a rich supply of doctors and hospitals. The results from this county have not been published. Controlling the service of the midwife and instructing her was another concern of the state nurses. Health Centers, Little Mother Leagues, and Dental Clinics were established. Whenever a sufficient number of clinics for infants and pre-school children had been held to demonstrate to the people the need for medical inspection, the clinics were discontinued in that locality. The object of the Health Department is educational, and whenever a district has had the opportunity of seeing the good that can be derived from public health nursing, it is encouraged to employ a full time nurse.

Since the organization of the Bureau of Child Hygiene and Public Health Nursing, the amount of community nursing has had a marked increase. The public health nursing service is becoming departmentalized. School nurses, tuuberculosis nurses, Metropolitan Company nurses, infant clinic nurses, and city nurses all have a particular type of nursing to do, or else have a particular area to cover. Fifty-three counties have some one or more of these nursing services in 1929. Wayne County, in 1929, has eighty public health nurses besides the nurses employed by the Visiting Nurse Association of Detroit. Oakland County has fifty-eight public health nurses, and Kent County has forty-four nurses exclusive of the visiting nurses. All told, there are between 500 and 600 nurses in public health work in the State of Michigan. These nurses are employed by different agencies. Some receive their salaries from public funds, some from community chests, and some from private organizations. Three Rotary Clubs in the state are employing nurses—one nurse for crippled children is supported by a Rotary Club. King's Daughters Circles sponsor nursing in several localities; the Civic League of Bay City employs the visiting nurses. Mrs. Helen de Spelder Moore has been the director of the Public Health Nursing Service in the state for the past two years.

Kent County was the first county in the state to attempt county nursing. Because of its priority, and because its history is typical of the county nursing in the state, a brief account of the work accomplished in this county might be well.

PUBLIC HEALTH NURSING IN KENT COUNTY

Through the interest aroused by the Anti-Tuberculosis Association of Grand Rapids in its prevention program, some progressive citizens felt that the nursing should extend into the rural district. The American Red Cross was approached by Mrs. Ethel Hendrickson, the executive secretary of the local Anti-Tuberculosis Association, concerning an affiliation under the town and county nursing service. The outcome was that in 1914, the Kent County Board of Supervisors agreed to pay the nurse's salary and her transportation expenses. The board was by no means unanimous in coming to this decision, and when the nursing proposition was brought up in 1915, there was organized opposition to appropriating the money. By 1917, the nurse had accomplished a great deal of constructive work, and the supervisors were willing to finance the project, even to the extent of buying supplies. Miss Charlotte Van Duzer was the nurse, and her efforts from October, 1914, to October, 1917, won the confidence of the supervisors and the citizens of Kent County. Miss Van Duzer visited the rural schools, examined the children, and followed up her findings with home calls. While she had little time aside from her school work, she did make some bedside calls. Her means of transportation was a horse and buggy and a harness which needed mending far too often. In 1915, she was granted an automobile. A committee of three of the supervisors was appointed to check over the bills and assist the nurse in whatever she attempted to do. Miss Etta Lee Gowdy was Miss Van Duzer's successor. With the aid of the Tuberculosis Society, dental clinics were established throughout the county. Eventually, public funds were appropriated to carry on this important work. Miss Gowdy carried on school children inspection and she found in one locality 55 per cent of the children were below average weight. Consequently she gave several talks in that neighborhood on child welfare and nutrition. She visited the homes of the undernourished and talked over the conditions with the parents. The Federal Children's Bureau was attempting to save 100,000 babies in 1918, and Kent County was able to assist in a very material way. Children under six were weighed and measured and talks were given to parents on the advisability of medical inspection of the pre-school child. Since 1918 was the year of the Spanish influenza epidemic, the county nurse was very busy caring for patients and teaching the well members of the family how to protect themselves. The work had grown to such proportions that one nurse could not do it all, and the Red Cross employed three nurses and assigned to each a territory of six townships. Miss Alma Bergy was the supervisor, with headquarters in Grand Rapids. The other three lived each in her own district. The Red Cross financed the three nurses one year only; the Board of Supervisors assumed the obligation in 1920. In 1928, Kent County was employing Mrs. Miller, supervisor, and four county nurses. The nurses are continuing the work started by the pioneers in the county, but they are also stressing a program of prevention of contagion, prenatal and infant care, and the care of crippled children. The summer "round-ups" sponsored by the Parent-Teacher Association and financed by the Junior Red Cross are proving to be very valuable. In 1927, 1,852 children were examined by doctors, tuberculosis nurses, and county nurses, and the majority of the defects discovered were corrected. A smallpox epidemic was avoided in 1929 because of the combined efforts of the county nurses and doctors. Kent County owes a great deal to the county nurses and the health programs they have carried out these past fifteen years.

COMMUNITY NURSING IN CITIES

Community nursing was well established in certain localities of the state many years before county nursing or state controlled public health nursing was established. As early as 1891, Battle Creek Sanitarium was maintaining a visiting nursing department. The student nurses under the direction of a graduate nurse did bedside nursing in the community. They were able to care for surgical, medical, obstetrical, and tuberculosis cases. Such nursing was done for two purposes, one to lessen suffering in the community, and the other to permit the student nurses to gain experience in caring for patients in the home. This department has grown enormously. Miss Hoffman has been the supervisor for years. She now has three graduate nurses and from seven to fifteen second year students carrying on the work. Any one in the community may receive nursing care by asking for it, unless the patient has a contagious disease. A slight charge is made by the nurse if the financial condition of the family warrants it, but nursing service is not denied when the money is lacking. Miss Hoffman told of one woman with a family of four children who never hesitated to make use of the free clinic and nursing department. At last the mother felt that she and her children needed throat examinations. Because of the great amount of service she had received, she was told she must pay for the five examinations. On the appointed day, the five examinations were made and the woman paid a quarter. A person really ill may have nursing care as long as it is needed. Two nurses are sent to a delivery if the physician asks for them. Each obstetrical case is followed up for several days by the nurses. The sanitarium visiting service is not confined to the city limits of Battle Creek, since the county nurse often calls for help. Of course the visiting nurses are employed by the sanitarium, and while the community reaps the benefits, it takes no part in financing the enterprise.

Community nursing was next established in Grand Rapids. The need for nurses to go into the homes of the poor was so apparent that a few philanthropic women urged the Charity Organization to send them whenever the occasion demanded. This practice proved to the community that trained nurses who might enter such homes could render a very valuable service; therefore, in 1893, the Charity Organization employed Mrs. Alex McDonald to do community nursing. In 1895, a committee was appointed to advise with and assist the nurse, and was known as the Committee on District Nursing. The supplies for the nurse and her salary came from voluntary contributions. The district nurse often had patients sick at heart, as well as sick in body. She was likely to find worry and discouragement in the family, and she was as eager to eradicate them as she was to alleviate the suffering. Her intimate contact with her people opened confidences that no other one person could hope to receive, and she used this knowledge to help them in any way she could. Her committee permitted her to order coal when it was necessary, to supply groceries and clothing, and often the committee itself was able to find employment for some members of the needy family. Physical defects could be remedied because the nurse knew what channels to work through to secure expert attention for little or no money. In all, the demands became too great for one nurse to care for, and the the second nurse was employed. The work has steadily increased until now the staff is composed of nineteen nurses with the supervisor.

In 1908, the District Nurses Association separated from the Charity Organization and later became incorporated in order to receive funds in its own name. The Visiting Nurse Association of Grand Rapids became its name in 1912, and thus it is today. The community nursing program has been constructive always. From the beginning, the bedside care has had an important consideration. Any call was answered. For the protection of the nurse, however, a rule was established that a doctor should be in attendance also. The new call for a nurse was answered, but if on the second visit of the nurse, a doctor had not been summoned, then the nurse would not visit the patient again. Medical, surgical, some contagious, and obstetrical services were given. The mother has always been given prenatal care, nursing at delivery, and follow-up care if she asked for it. Twenty-four hour service for the maternity cases was established in 1922. The nursing service may be free, or a partial charge may be made if the family is able to pay anything. In later years the Visiting Nurse Association has established a pay service whereby a nurse may go to a home for an hour or some part of a day, depending on the requirements of the case, and may receive a sum of money—the amount depending on the financial condition of the family—for the time she had spent in nursing the patient. A great number of business firms and factories, as well as the Metropolitan, John Hancock, and other Insurance Companies have contracted with the Visiting Nurse Association for the pay service to be given to their employees or policy holders in the home. This past September, 1929, another service was added which permitted the hourly service for any home that should ask for it. The nurse will receive a stipulated sum for each hour and any fraction thereof she has spent in nursing. Now the association is, in truth, for the whole community, since any member of the community, rich or poor, may be served. The slogan written by Mrs. E. W. Booth and used on all Visiting Nurse Association stationery is indeed coming true, "that no human being shall suffer or die neglected in any nook or corner of Grand Rapids."

The District Nurses, now the Visiting Nurses, have always taken a lead in welfare advancement. In 1905, they employed a nurse who would spend the school hours doing school nursing, and who would spend the rest of the time visiting the homes. This project was so successful that the Board of Education took over the nurse after seven months, and thus school nursing was established. The Visiting Nurse Association sponsored the first dental clinic in the schools, and in order to assure its success, it purchased the dental chair and equipment for such a clinic. When the Board of Education became convinced of the desirability of a permanent dental clinic, the association gave them the dental outfit. The district nurses gave bedside care to tuberculosis patients before the Anti-Tuberculosis Society employed its nurse in 1906. The Infant Welfare Clinic took over the infant nursing from the Visiting Nurses, but the clinic borrowed a visiting nurse while it was becoming established.

Miss Ada P. Coleman became the supervisor of the Visiting Nurse Association of Grand Rapids in 1917, and for the past twelve years she has been building up community enthusiasm for nursing enterprises, and also she has collected a staff of excellent, unselfish, well qualified nurses, who are willing to serve the community in a manner worthy of its trust. The Advisory Board has also contributed in a sympathetic way to advancement of this work. Two members of the present board have shown active interest in this work ever since 1895, when they were appointed on the Charities Committee to sponsor and advise with the district nurse, Mrs. M. H. N. Raymond and Miss Pauline Kusterer, in their thirty-four years of service, have watched the growth from one nurse to nineteen nurses, from a few hundred patients to over 5,000 cared for annually.

The medical profession and the people of Detroit early recognized that a nurse attending the sick was in a position to instruct families as to disease prevention and advise with them in regard to hygiene and home sanitation. In a family with babies she could teach the care of infants and proper feeding. The families that needed this type of instruction might most easily obtain information through this course if the nurse could be furnished without cost. They needed, too, the care of a nurse during illness. Several attempts were made to initiate visiting nursing. Church organizations, the Poor Commission of the Public Welfare Department, and other societies were eager for the visiting nurse, but none of them succeeded in introducing her. In 1894, Miss Alice Bowen, a graduate of Farrand Training School, came back to Detroit after a year of training and experience under Miss Linda Richards, of the Philadelphia Visiting Nurse Society. She was so eager to serve her community that she gave her own time and strength for nursing in the homes of the poor. Physicians were in sympathy with her undertaking, and made it a point to acquaint her with the needy cases. The churches also would seek out the indigent sick and tell Miss Bowen about them. The church societies assisted still further by collecting clothing, food, nursing equipment, as well as bed linen. After four years of this introductory work, the Visiting Nurse Association of Detroit was organized. Miss Bowen, because of ill health (she died in 1921 with tuberculosis), resigned from the association, but not before she had successfully launched this important part of the community welfare. The visiting nurses offered care to medical, surgical, maternity, acute and chronic patients. Contagion was cared for by the Health Department. Tuberculosis presented a serious problem, and so the Visiting Nurses' Association employed a nurse to assist with the Board of Health clinics and to visit the patients in their homes. This nurse was employed in 1905, but later, six more tuberculosis nurses were added. In 1909, the Board of Health employed a municipal nurse and in a few months took over the tuberculosis nurses.

The Visiting Nurse Association demonstrated the need for school nursing. It placed one of its nurses in a public school and after some months of service, the school board was convinced that school nursing should be adopted. School nursing has justified itself in the improved attendance, the control of diseases, the correcting of physical defects in school children, and also in better home conditions wrought under the influence of hygiene and home sanitation talks and health talks given to school children. The visiting nurses were concerned with infant welfare and by their demonstrations of nursing care and of food preparation, the infant mortality had decreased.

The visiting nurse will go wherever she is needed. Her services may be free of charge, or performed at a fee commensurate with the financial condition of the patient. The main idea is to furnish service wherever needed. From the time of Miss Bowen, the work had increased to such an extent that now it requires a staff of 120 nurses and supervisors.

Mrs. Lystra Gretter became associated with the Visiting Nurse Association when she resigned from the position of principal of Farrand Training School. For twenty years, Mrs. Gretter, as superintendent of the Visiting Nurse Association, has been serving Detroit in a constructive program for the visiting nurses and ever with the welfare of the community in mind. At present, Miss Emilie G. Sargent is the director of nurses, and she too is striving to better health conditions by developing an educational program for her nurses to follow.

These three cities are by no means all that offer community nursing. By 1909, Miss Isabella Waters, in her "Visiting Nurses of United States" listed fifteen cities in Michigan which had some such type of nursing. Kalamazoo, Flint and Saginaw began to employ visiting nurses for general services in 1904. Flint, along with the other two cities, has seen a marked development from her one nurse who was called to do any kind of nursing, to the departmentalized system of today, with its forty nurses. Muskegon employed one visiting nurse in 1905, Lansing, one nurse in 1907; Jackson, one nurse, also, in 1907; Ishpeming, Marquette, Owosso and Bay City each employed a nurse in 1908; Ann Arbor and Houghton employed a nurse for each community in 1909, Alpena employed one nurse in 1913. The desirability of community nursing is being very widely felt, and other localities are employing nurses for general bedside nursing. Certainly today the question "Am I my brother's keeper" is being answered in the affirmative.

Visiting nursing is not the only phase of community nursing. Municipal nurses, school nurses, infant welfare nurses, industrial nurses, Insurance Company nurses, and tuberculosis nurses are all contributing to the general well being of the citizens of Michigan.

INDUSTRIAL NURSING IN MICHIGAN

Although the employment of nurses by business firms, such as stores or factories, to care for their employees in case of an accident while at work, or even to go into the employee's home and give bedside care when it was necessary, had been established as early as 1895 in some of the eastern cities, it was not until 1910 that the first industrial nurses were employed in Michigan. The Packard Motor Corporation and the Solvay Process, Detroit Edison were among the first industrial plants to employ nurses. The Cleveland Cliff Company of Negaunee and the Oliver Mining Company of Ironwood each employed nurses the following two years, 1911 and 1912. Other plants, the Michigan Bell Telephone among the rest, realized that time and suffering could be saved by having nurses in the plant ready to care for the wounded, and they began to employ nurses. This last decade, 1918 to 1928, has seen a rapid development of this type of service. Many factories and mines, many of the larger stores, such as department stores and Kroger stores, banks, and other industries throughout the state are guarding the health of their employees in this way. They expect the nurses to give first aid in case of accident, and some of these industrial nurses visit the homes of the employees whenever any member of the family is sick. When illness occurs in the family of an employee of the firm which allows only first aid service from the company nurse, a visiting nurse is notified. Many firms contract with a Visiting Nurse Association for home care of their families. The nurses' salaries may come from a "sick fee" collected from the employees.

The industrial nurses of Michigan are all registered nurses. The program includes first aid, talks on accident prevention, sanitation, infections, and home nursing. Their duties include calls on absent workers in order to see if they are needing care. Employers have found that there is greater regularity in attendance, improved health, less serious results from accidents, and, in the main, a better spirit among the workmen when such a health program is followed.

In 1920, eight industrial nurses in Detroit organized a club which they named the Industrial Nurses' Club of Detroit. The object of the club was to talk over problems that confront the industrial nurse. The club sought as far as possible to obtain definite information concerning efficient and practical standards for the health and well being of industrial workers. It also wished to formulate some means of acquainting employees and general public with the value of nurses in industry.

There were workmen who still felt that the nurse was an imposition, a spy engaged by the "boss" to check up on attendance, and the club undertook, as one of its purposes, to discover a way by which the industrial nurse could demonstrate to such men that she was their friend. The membership of eight grew to forty-eight. In the fall of 1928, this club invited the industrial nurses from the rest of the state to meet with them to discuss common problems.

METROPOLITAN LIFE INSURANCE COMPANY NURSING SERVICE IN MICHIGAN

Several of the insurance companies that sell so-called industrial insurance are now giving a nursing service to their policy holders. The Metropolitan Life Insurance Company was the first company to offer this added protection to their insured. In 1909, it began its nursing service for industrial policy holders and group certificate holders and, shortly after that time, it entered into a contract with the Detroit Visiting Nurse Association, the first contract of the kind to be formed in Michigan. The company makes contracts of four different types, one of which is with Visiting Nurse Associations, and the others whole or part time contracts with individual nurses. No contract is made with a nurse who is not registered in her state. At the present time, the Metropolitan Life Insurance Company has forty contracts in Michigan.

The Metropolitan Company nurse is asked to give nursing service to policy holders suffering from acute conditions, medical, surgical, or obstetrical. She is also expected to teach the family how to care for its sick and how to prevent the spread of disease. This instruction may include talks as to health habits and home and community hygiene. The nurse may visit the patient once daily, remaining long enough to do what the doctor has directed, and to give necessary instructions to the family. The nurse may never prescribe medicine or treatment of any kind. She may care for communicable diseases if she takes the proper precaution against spreading the disease. She may care for tuberculosis patients until some other care is provided. Mothers are cared for before and after the birth of the infant, but not during delivery. Special nursing may be provided if the physician thinks the case warrants it. The success of the nursing service may be indicated in dollars and cents. An official of the Metropolitan Life Insurance Company announced that in 1920 the nursing service saved the company $4,734,180 in death claims. It is not so easy to measure accurately the value of the lives saved, the comfort given during illness, and the better control of communicable diseases. This same official stated that in eleven years, the biggest public health nursing experiment (Metropolitan Nursing Service 1909-1920) in the world had been successful beyond all expectations.

NURSING ORGANIZATIONS IN MICHIGAN

MICHIGAN STATE NURSES' ASSOCIATION

All nursing organizations in America had their birth at the first International Meeting of Nurses held at the World's Fair of Chicago in 1893. The Superintendents' Society was organized shortly afterwards, and undoubtedly the women who met in Chicago went home determined to start local associations. Michigan made her first attempt to organize a state-wide association in 1904. The three alumnæ associations of Detroit, namely, Farrand Training School Alumnæ, St. Mary's Training School Alumnæ, and Grace Hospital Training School Alumnæ sent out the following invitation to the graduate nurses of Michigan, inviting them to assemble in Detroit for the purpose of forming a State Association.

> TO THE GRADUATE NURSES OF MICHIGAN
>
> You are cordially invited to attend a meeting to be held in Detroit on Tuesday, May 10, 1904, at 9:30 (standard time) in Chaffee Hall, 708 Woodward Avenue, corner of Willis Avenue, for the purpose of forming a State Association to effect state registration for graduate nurses. It is earnestly hoped you will come prepared to state your views on these subjects which are of vital importance to the nursing profession.
>
> Hon. W. C. Maybury, Mayor of the City, will deliver the Address of Welcome.
>
> Dr. J. H. Carstens and Mr. C. A. Kent will give addresses on state registration.
>
> The credentials required will be the presentation of your training school badge or diploma to the credential committee.
>
> Special rates on railroads will be available on this date on account of the Knights of Pythias Convention meeting in Detroit.
>
> Hotels: Wayne Hotel, opposite Michigan Central Railway Depot; St. Claire Hotel, corner of Monroe and Randolph; Young Woman's Home, Clifford Street and Adams Avenue, West.
>
> (Signed)
> L. G. GRETTER, Principal, Farrand Training School
> J. LENOX, Grace Hospital Training School
> M. A. SMITH, Farrand Training School
> J. REGAN, St. Mary's Training School
> A. G. DEANS, Farrand Training School.

About one hundred graduate nurses accepted this invitation. At the meeting, they voted unanimously to form the Michigan State Nurses' Association. Mrs. Gretter was elected chairman. A committee was appointed to register the delegates, who, when they paid the dues of $1.00, became the charter members of the State Association. The Associated Alumnæ of Detroit had prepared a tentative draft of a constitution and by-laws. The articles set forth in this draft were accepted with two amendments. The objects of the association were the organization and registration of graduate nurses of Michigan, the furtherance of all means to elevate the standard of the nursing profession, the establishment of professional reciprocity between nurses of Michigan and those of other states and countries, and the securing of statutes regulating the profession of nursing. The membership was to be made up of nurses residing or practicing in the State of Michigan, who had graduated from a training school connected with a hospital, state asylum for the insane, or sanitarium giving not less than a two year course, or who had graduated from such a training school prior to 1890. Mrs. Gretter was elected the first president of the organization. The State Association voted to hold its next meeting in Grand Rapids.

The first annual meeting of the M. S. N. A., which was held in the spring of 1905, at the Pantlind Hotel, of Grand Rapids, concerned itself with the preparation of a bill to present to the legislature. Miss M. E. Smith, the chairman of the Ways and Means Committee, reported that the committee had drafted a proposed bill and had asked Mr. Bryant Walker, of Detroit, to put it in legal form. The committee had sent letters to the State Medical Society and to its local medical societies, explaining the desires of the nurses in regard to state registration. The Medical societies answered that they would endorse this undertaking of the nurses. Then letters were sent to state senators and legislators, with a copy of the proposed bill enclosed, asking for support and interest in the bill. Although the nurses, 235 of them, were mainly engrossed in the formation of the "Nurses bill," yet there was time for the association to consider the modern treatment of tuberculosis and the nurse's role in tuberculosis extermination. The National Organization of Nurses felt that nursing would be benefited if there were offered certain courses in higher education, and nursing organizations over the country undertook to collect funds to endow a course in nursing economics at Columbia University. The Michigan State Nurses' Association voted to sponsor this movement.

The bill sponsored by the nurses was lost in the House after passing the Senate in 1905. The House did not want to create a new State Board. The following four years, the M. S. N. A. worked assiduously to acquaint nurses, doctors, and political powers with the clauses of the proposed bill. After the bill was lost again in 1907, it was slightly amended to meet the needs of the small hospitals in the north. The fifth annual meeting of the Michigan Association of Nurses, which was held in Saginaw in 1909, was a hilarious occasion because the Nurses' Act had been duly entered on the statute books of the State of Michigan.

Among the problems that the M. S. N. A. attacked during its early years of existence, in addition to state registration for nurses and statewide membership in the association, was "almshouse reform" which urged the employing of better nursing service for the inmates of these institutions. There were vigorously discussed Central Directories for nurses, tuberculosis nursing, visiting and school nursing, American Red Cross enrollment, and the making of a survey of the training schools in Michigan. Miss Linda Richards, first graduate nurse in the United States and superintendent of nurses in the State Hospital at Kalamazoo, was welcomed by the association, and her contributions to the program were helpful and delightful. The association sent tributes to Florence Nightingale on two occasions, and received letters from her.

The next legislative venture of the State Association was to secure an amendment to the Nurses' Bill which would authorize the employment of an inspector of training schools. This was passed in 1913. While the advisability of the bill was being considered, Miss Isabel M. Issac, formerly of the Illinois Training School, was sent by the association to visit the training schools and graduate nurses wherever they might be, and to take them a message from their state organization. In 1912, a report of Miss Issac's tour showed that a spirit of good will had been created, and a genuine interest in the state organization. Membership in the association was low because so many registered nurses were too far away and too busy to attend the annual meetings. The association wanted to publish a nursing magazine for Michigan nurses, to acquaint them with the affairs of the State Association, but the expense was too great to be undertaken.

During the war, Red Cross service and public health nursing were the phases of nursing that received the most attention at the annual meetings. In 1917, the University was asked to organize a course for public health nurses. The University complied, and such a course is now offered. At the annual meeting of 1918, it was voted to carry the dues for all the nurses in active Red Cross service. It was also voted that each member of the association would contribute a dollar toward creating a War Victory Fund which could be used at the discretion of the War Emergency Committee for nurses, possibly as loans. There was discussion, at this meeting, about the advisability of employing an interstate secretary who could unify the nursing programs of the neighboring states. It was decided, however, that such a secretary was not needed as yet.

The nurses had come back from overseas and from the home camps, and the M. S. N. A. paid them honor at the annual meeting in 1919. An impressive memorial service was conducted in honor of the twenty-one nurses who had made the supreme sacrifice in the service for their country. Mrs. Susan Fisher Apted placed a laurel wreath beneath the service flag which carried 829 stars. After the memorial service, twenty-three Red Cross nurses were asked to take places on the platform. Miss Elba Morse, Red Cross field secretary for Michigan, introduced each nurse and asked her to tell of her war experiences.

Plans were proposed at the 1919 meeting for dividing the state into districts. The nurses of a district could meet more easily than they could attend the annual meetings of the State Association. The districts were to be a part of the State Association, and a closer contact thus formed between the nurse and the state organization. Miss Sarah Sly was delegated to form and organize the districts. She accomplished a brilliant piece of work in drawing up the constitutions for the districts, and in arousing interest among the nurses for the district organizations. Twenty districts having several counties each was the original plan. Seventeen districts were formed. The purpose of the district organizations was to develop nursing standards, to form a closer contact between nurses in isolated places, and to arouse interest, and thereby to increase membership in the state organization. Each district carries on the work of the state organization. The Nurses' Relief Fund, the Bordeaux Fund, and the money to finance the entertainment of the National Biennial were contributed, in a measure, by the districts. In order that nurses might contribute to the affairs of general community interest, the districts were urged to join with the Federation of Women's Clubs. The districts finally organized the official central registries for nurses. Some of the programs for the individual meetings are concerned with nursing or medical subjects; often the program consists of book reviews, reading of plays, or the gathering may be merely a social one. Of late years, the presidents of the districts, along with the officers and chairmen of standing committees of the State Association make up the Board of Directors of the Michigan State Nurses' Association. Thus, each district with its representative on the board may have adequate knowledge of the working details of the state organization.

The Michigan State Nurses' Association, again, had to enter politics. An attempt was made to introduce a bill which would recognize persons with little training as junior nurses. Rightly, the association resented a lowering of the standards for the nursing profession; consequently, the legislative committee formulated a new bill which would include partially trained persons, but would label them as trained attendants. Father Bourke, representing the Catholic hospitals, Miss Elba Morse, Dr. Parnall, Mrs. Gretter, and Miss Dora Barnes, along with sixteen Red Cross nurses and ten other nurses, waited on the House committee. The result was that the counter bill was reported out of the committee and the Nurses' Bill was passed in 1921. This time, the nurses had the hearty support of doctors, legislators and laymen from all over the state. Later, however, there was an attempt made to change the control of the Board of Registration of Nurses, to strike out renewals, to take away the right of the board to accredit training schools, and to change trained attendant to junior nurse, but again the Nurses' association was able to kill the bill before it left the committee. The Act permitting the employment of the public health nurse and paying her out of public funds was successfully passed after many efforts on the part of the nurses.

The year 1924 was a very important one for the nurses of Michigan. They entertained the Biennial Meeting of the American Nursing Association, The National League of Nursing Education, and the National Organization of Public Health Nurses in Detroit in a very satisfactory manner. Miss Emily McLaughlin was the general chairman for arrangements for the meeting. Miss Sly had been elected general secretary for the M. S. N. A. at its meeting preceding the national convention. Credit is due her for meeting the financial problem of the convention and for the deep interest that the nurses from all parts of the state took in its success.

The year 1924 was again important, for the Nurses' Association decided to employ an executive secretary, and to establish headquarters for the association. It was decided that the new secretary was to be Miss Mary Wheeler of the Illinois Training School, and the headquarters were to be in Detroit. Miss Wheeler accepted the appointment and has served in that capacity ever since. The headquarters, which started out to be in Detroit, were moved to Lansing in September, 1929. Miss Wheeler's duties included visiting the districts, the alumnæ associations, the hospitals employing graduate nurses, and the training schools. She was to be the agent between the State Association and the individual nurse. Her visits were to lead to membership of all registered nurses in the association. The membership, which had grown under the activity of Miss Sly, has greatly increased since the employment of the executive secretary. The private duty nurse must belong to the nursing organizations in order to belong to the central registries, therefore much of the recruiting for members must be done among nurses engaged in other fields of nursing. But the visits of the executive secretary mean more than a canvass for members. She considers the problems confronting the nurse and encourages and stimulates them to greater zeal for the nursing profession. At the headquarters, which by the way, is an attractively furnished suite of rooms in a new building in Lansing, are kept the records of the members, the graduating class lists, the scrap books made by the districts, and the records and material of the association which carry the traditions of the organization. Since 1927, the executive secretary has been responsible for the publication of *The Michigan Nurse,* a monthly magazine which discusses nursing problems and gives interesting news items concerning Michigan nurses and other nurses.

Another important event occurred in 1924. The Michigan State Nurses' Association became incorporated under the provisions of the Michigan law. It was agreed by the association that Mary S. Foy, Teresa Martin, Lystra E. Gretter, Barbara H. Bartlett, Elizabeth L. Parker, Emily A. McLaughlin, and Mary E. Hoover be authorized to sign the Articles of Incorporation for the Michigan State Nurses' Association, and these names are affixed to the document.

April 11, 1929, at the Book-Cadillac Hotel in Detroit, occurred the twenty-fifth birthday anniversary of the Michigan State Nurses' Association. The guests of honor were the sixty remaining charter members, Mr. Schneider wearing the ring which the association had given him in 1909 as an expression of their appreciation for his efforts in behalf of the first Nurses' Bill, and Mrs. Fox, who had been the parliamentarian for the association during the past twenty-five years. These guests were distinguished by a maize and blue bow. The occasion was very festive with yellow roses, a birthday cake, and twenty-five small cakes, each bearing a candle. Miss Sargent, the president, cut the cake. Mrs. Gretter read the address which she had made as president in 1905. On a screen was thrown the replica of the "call" which had summoned the graduate nurses in 1904. On the screen also were pictures of members who made the success of the association in the day when every move was an experiment. Mrs. Foy, a charter member, told about each person as she appeared on the screen. Between 400 and 500 nurses attended the banquet, and they were proud of the record their own organization had made during the twenty-five years.

The plan of organization has changed somewhat during the years. The Board of Directors was once composed of the six officers, the two counselors, and the chairmen of the standing committees which were the arrangements committee, credentials committee, program committee, and nominating committee. As conditions changed, other standing committees were made, the Red Cross committee, the Nurses' Relief Fund committee, publicity committee, financial committee, headquarters committee, and committee on revision. After the districts were well organized, their presidents sat on the board, also the president of the Michigan League of Nursing Education. An Advisory Council was made, which included the presidents of the alumnæ associations, the professor of public health nursing in the University of Michigan, together with the Board of Directors. This council considers and promotes the interests of the Michigan State Nurses' Association. The programs of the annual meetings underwent some revision. At first, the meetings were general, then came the private duty section and the superintendent section. Later was added the public health section.

The nurses who have faithfully worked for the advancement of their chosen profession are numerous. Some of them have served as officers or committee chairman, others have made their contributions in a less conspicuous way. Among the persons who should be mentioned for their services in the Michigan State Nurses' Association in building up the nursing profession to where it stands today in Michigan are Mrs. Lystra Gretter, one time president, several years a counsellor, chairman of the Red Cross Committee for twenty years, and always a faithful member; Mrs. Mary Foy, member of the State Board for sixteen years, chairman of the Nurses' Relief Fund Committee for years, counsellor, and chairman of the Arrangement Committee; Miss Mary A. Welsh, president for three years, counsellor, member of the Board of Directors in various capacities; Miss Sarah Sly, president two years, member of the Board of Directors for years, general secretary during the Biennial and re-districting Michigan nursing fields; Miss Elizabeth Parker, president for five years, chairman of the Legislative Committee, member of the Board of Directors in various capacities, member of the state Anti-Tuberculosis Committee; Miss Anna Coleman, inspector of training schools for eleven years; and member of Board of Directors for years; Miss Ida Barrett, president for three years, member of Board of Directors for years, and very active in many capacities during the twenty-five years of the organization; Miss Fantine Pemberton, president for two years, member of Board of Directors for several years; Mrs. Susan Apted, president for two years, member of State Board for five years, member of Board of Directors; Miss Emilie Sargent, the present president.

THE ALUMNÆ ASSOCIATIONS

Before the organization of the Michigan State Nurses' Association, there were several alumnæ associations organized in Michigan. Possibly the Farrand Training School Alumnæ were the first to organize. Battle Creek Sanitarium School for Nurses Alumnæ Association was organized in 1889. This association has been very active, and for several years it has sent out a quarterly news letter to its members. This past year, 1929, the fortieth anniversary of the Battle Creek Alumnæ Association, was celebrated at the Sanitarium. The early alumnæ associations were organized in order to foster a helpful attitude toward the training school, to keep alive friendly feelings created while in training, and to keep the training school in touch with its graduates. After the State Association became well organized, some of the alumnæ associations formed affiliations with the state organization. There are now thirty-nine representatives from alumnæ associations on the Advisory Council for the Michigan State Nurses' Association.

THE MICHIGAN LEAGUE OF NURSING EDUCATION

The State League of Nursing Education was organized in 1914. Any superintendent, assistant superintendent, instructor or supervisor of a training school, or supervisor in any phase of social, educational and preventive nursing may become a member. The object of the league has been to consider all questions relating to nursing education, to define and maintain in the schools of nursing the minimum standards for admission and graduation, and to assist in furthering all matters pertaining to public health. The report of the first annual meeting stated that the league was in sympathy with enforcing more rigid entrance requirements; that a high school diploma should be the least education requirement, and that an acceptable personality, normal physique, and a more than average mentality should be expected in the applicant for entrance. Again in 1915, the league considered the type of student who should be sent from one school to an affiliating school. The agreements of affiliation were that the student must be in the second year of training, not under twenty years old, and have a preliminary education above the eighth grade, and be of excellent health. The teaching equipment and the training of nursing instructors were also considered. Other problems pertaining to the education of nurses were discussed and, for some of the problems, solutions were found. The third year of the organization of the league, evening classes were arranged for graduate nurses. These classes were given by the University Extension Course and were very well attended in some localities. In 1923, the Constitution and By-Laws were amended. The privilege of membership was accorded to any registered nurse. The activity of the league has always been directed toward improving teaching conditions. The members of the league sold League of Nursing calendars to earn money for current expenses and also for the purchase of lantern slides to be loaned to History of Nursing classes. The Michigan State Nurses' Association appropriated funds to the league in order to encourage this line of endeavor. The first institute was held in 1922, in the University Hospital of Ann Arbor. It was two weeks long, and the classes had an enrollment of 128 nurses. In 1922, the league also discussed plans for a separate school of nursing to be added to the University. The proposed plans were accepted by the Educational Committee of the Rockefeller Foundation. The foundation was ready to make an endowment whereby the school could be established. The project failed because the state did not realize the significance of such an undertaking. Needless to say, the Rockefeller Foundation gift went elsewhere, and Michigan has no separate school of nursing. Of recent years, the efforts of the league have been directed toward securing scholarships for post-graduate study, improving curriculums, sponsoring the giving of superior instruction in the schools of nursing. The Michigan League of Nursing Education is striving to improve nursing by improving the training of the nurse. Miss Alice Lake, Miss Elizabeth Watson, Miss Shirley Titus, Miss Mary Welsh, Miss Mary Foy, and many other outstanding nurses have worked earnestly on the affairs of this organization.

Chapter XI

State Psychiatric Hospitals and Medical Establishments for the Mentally Handicapped or Retarded

"I am told that in Michigan there is one insane person to every thousand of population. I believe it the duty of the nine hundred ninety-nine to turn in and care for that one."

—GOVERNOR JOHN J. BAGLEY.

CHAPTER XI

State Psychiatric Hospitals and Medical Establishments for the Mentally Handicapped or Retarded

By W. J. KAY, M.D.,† Lapeer, Michigan
Medical Superintendent, Michigan Home and Training School

TO FULLY appreciate the state's care of the mentally diseased, something should be known about early conditions in the older and more thickly settled parts of our country. Such knowledge furnishes perspective and permits judgment as to whether Michigan has kept pace with progress in the past.

Up to the time that the state care policy was adopted, very little was attempted anywhere except custodial supervision in jails and county houses. The condition of many of those in restraint was pitiful beyond description, and if one is interested or curious to know the facts, he should read Dorothy Dix's reports on the jails of Pennsylvania, or the New York Legislative Committee's report of 1857, remembering that the conditions described in Pennsylvania or New York were not exceptional, but could be found in every state. Michigan was no worse, and apparently no better. The reading of these reports is convincing that only a state or some central authority with ample means for maintaining a high standard of service would be equal to the task of properly caring for the mentally diseased or mentally deficient.

The first attempt at a separate hospital for the insane was made in the city of Philadelphia in 1754. The Philadelphia hospital was started as an institution that would care for disturbed insane patients humanely and prevent them from injuring themselves and neighbors. That there was not enough interest to maintain the high aim of the founders is suggested by the fact that in this hospital, the physically sick soon displaced the mentally ill in interest and the insane were finally segregated or chained in the basement. Not until 1841 were insane patients properly housed in a state hospital built solely for their care.

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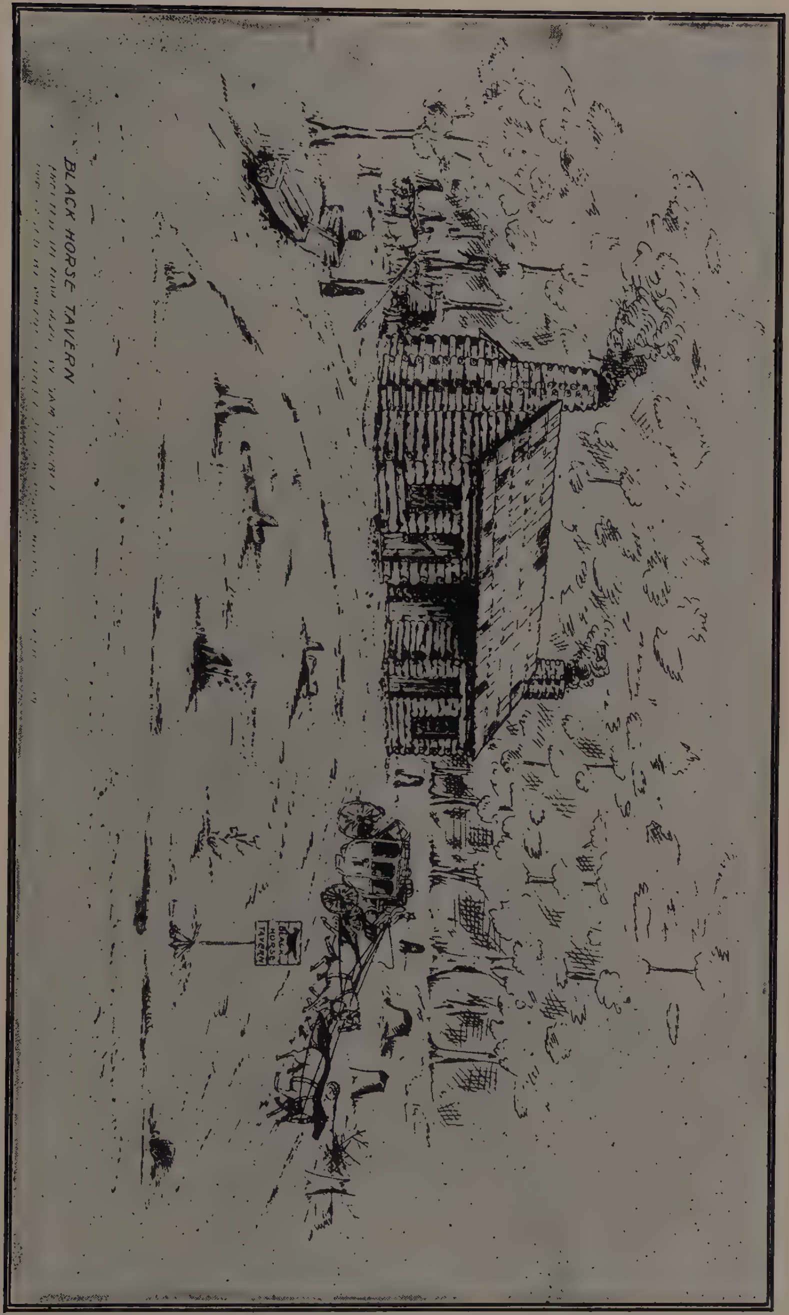
†(*See* Memorial at end of volume.) His life was pure and beneficent, and his associates upon the History Committee would place upon his tomb this flower of poetry—

"If on the free unfettered soul
There rests no stain of gloom,
How should its aspirations rise
Far through the blue, unpillared skies
Up to its final home
Beyond the journeyings of the sun
Where streams of living waters run."
—W. G. CLARK (1810-1841)

The hospital idea for the treatment of the insane was slow in developing in the United States. England and France, to whom we naturally turned for medical inspiration, were very little, if any, in advance. That the medical profession in America sensed the need for improvement in the care of the insane, is evidenced by the fact that the State Medical Society of Connecticut supplied funds for the building of the Hartford Retreat, the first hospital of its kind in the United States to be devoted, exclusively, to the care and treatment of the insane. Dr. Henry M. Hurd says of this institution, "It excited the most influence in New England and undoubtedly fostered the establishment of several institutions for the insane of a semi-private nature." Dr. Todd, the first superintendent, seems to have been a happy choice, and through his work general interest was stimulated throughout New England. Virginia was the first state to erect a hospital for the insane. This was in 1773. New York followed in 1809 by building the Bloomingdale Hospital. In 1818 Massachusetts built McLean Hospital for the insane as a department of the Massachusetts General Hospital. This was afterwards moved to another site and developed as a separate institution. New York completed the asylum at Utica in 1843.

At this time the protest against housing the insane in jails and poorhouses, and the even worse method of farming them out to the lowest bidder for their care, grew—but progress was painfully slow. Eventually the protest attained such volume that it became irresistible and by 1850 caring for the insane was generally accepted as a state duty.

At this point a recital of Michigan's effort enables comparison with that of the older states. The first record of such activities was in 1787. The charter of the Northwest Territory, of which Michigan was a part, provided that the overseer of the poor whenever "he shall discover any person or family really suffering from poverty, sickness, accident or any misfortune or inability which may render him, her or them a wretched and proper object or objects of public charity," certain steps should be taken for relief. "Inability" classification included those suffering from mental trouble. This provision was made thirty-three years after Pennsylvania's first effort and fourteen years after Virginia built the first state hospital for the insane in America. The direct records of the amount of work done under the provisions of the charter were destroyed by fire, but it is known from indirect sources that a commendable building for the times was erected in 1832 on Fort Gratiot Road, Detroit; and further, that the second superintendent of it was a Catholic clergyman, who put the standard of care on a high plane, and whose behavior during the cholera epidemic in Detroit would vouch for his doing his whole duty during his administration. However, the grouping of the sick, poor, injured and those suffering from any misfortune or inability (insanity) could not result in proper care for the latter class.


BLACK HORSE TAVERN
BLACK HORSE TAVERN

BLACK HORSE TAVERN
Purchased by Wayne County in 1838 for a Poor House.

Eloise Infirmary and Hospital

In 1834, Wayne County, through its superintendents of the poor, established Eloise Infirmary and Hospital. Here we find a population "composed of deaf, dumb, blind, idiots, aged and sick, poor children, unfortunate women, insane," in fact, all the destitute of Wayne County. The first record of any insane patient was in 1841 when one Bridget Hughes was actually legally admitted as "crazy." Shortly after Bridget's advent, a "crazy house" was improvised. In 1868, ten years after the Michigan Asylum for the Insane at Kalamazoo was opened, the first well equipped building for housing the insane was erected at Eloise. It was built for the incurable insane of Wayne County, and was made necessary because Kalamazoo was limiting admissions to curables only. At first there was no resident physician and any medical care was dependent upon the will of the lay manager (whatever his title). It evidently did not meet the approval of the medical profession, for Dr. Zina Pitcher, a Detroit physician, who was a member of the commission to build at Kalamazoo, organized a group of Detroit doctors who rotated in giving the insane patients of Eloise regular medical treatment. Dr. E. O. Bennett became the first medical superintendent of Eloise in 1881. With his advent, cell blocks and old-fashioned restraints were removed, proper sanitation and ventilation installed, and patients were brought out into the sunshine. Such patients as they could train were used in the sewing room, paint and carpenter shops. A separate farm was purchased to provide employment for the insane.†

Dr. Joseph E. Bennett (1866-1929), on the death of his father, Dr. E. O. Bennett, succeeded to the superintendency of the Wayne County Hospital at Eloise. He died in consequence of disease of the heart.

Dr. E. O. Bennett was a veteran of the Civil War.

Michigan Asylum for the Insane

Michigan became a state in 1837 and five years later accepted the principle that caring for the mentally afflicted was a state problem. In 1848 a joint resolution of the two houses of legislature required an annual return from the assessors of the number of insane, deaf and dumb, and blind in the state. In the same year the legislature set aside or appropriated 5,000 acres of land for buildings, next year nearly double that amount, and in 1850, 16,000 acres. At every session the legislature went over the proposition to build and ended by appropriating more land. Not until 1853 was actual money, $20,000, appropriated out of the general fund of the state treasury. A board of trustees was appointed and a location chosen at Kalamazoo. It was the original intention of the legislature that this institution should care

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†Indeed, too great credit can scarcely be given Dr. E. O. Bennett for zealous and well directed effort on behalf of patients

The Wayne County Insane Asylum which at that time (1878) was no less than a byword and reproach came in for a well-merited editorial castigation from Dr. H. A. Cleland in the *Detroit Lancet* (Volume I, Page 310). Revolting details of "sickening circumstances of inhumanity" were given which it is unnecessary to recount.

In connection with this, further, the biennial report of Dr. Hurd given in 1880 (q. v.) is of much interest. (C. B. B.)

Eloise Hospital, Building B, Wayne County
The center was reconstructed in 1899. The east and west wings were erected in 1904.

for the deaf, dumb, and blind as well as the insane, but delay in erecting it gave time for better judgment to prevail. In 1854 provision was made for the "deaf, dumb, and blind" at what is now the State School for the Deaf at Flint.

The newly appointed board of trustees for the Michigan Asylum realized their lack of technical knowledge to carry out the work entrusted to them and went to an older and well established institution for advice. They secured Dr. E. H. Van Deusen, of the State Asylum at Utica, New York, as their medical superintendent. During the years of building he was their advisor and many trips were made to Kalamazoo to supervise construction. In 1858 he moved to Kalamazoo and the institution was opened for patients.

Reading the early yearly reports of the Michigan Asylum one is struck by the depth of feeling and judgment of the first superintendent, Dr. Van Deusen. How earnestly he formulated the policy to be followed if Michigan were to succeed; with what judgment he presented the needs of the insane. How well he did this is shown in a measure by the fact that the same spirit of service, the same broad interest in patients, the same high standard of medical care that he advocated, still prevail in the Michigan State Hospitals and have been constant factors in their success.

Dr. Van Deusen's contribution to the advancement of our knowledge and understanding of mental diseases is well known to those who are interested in this subject. His habit of communicating the results of his study to his governing board nearly lost him the honor of being the first to present to the world "neurasthenia," a mental condition with a well defined symptomatology. He was an optimist and urged that patients be brought early to the hospital for treatment, because of the greater hope of cure. He said that the quality of the hospital's work must be judged in part by the number of patients returned to their homes and lives of usefulness. He repeatedly urged that more thoughtfulness be exercised in transporting them to the hospital. He denounced deception in dealing with the insane. His reports are on such a high plane of medical and social values that one could abstract them and produce a book comparable to Camac's "Oslerisms" in richness of thought and kindliness of spirit.

We quote from the report of the chaplain to give some idea that this high standard of service was commonplace in the institution and also from a letter written by Governor Crapo, that we may have the evidence of one who was not part of the organization, but who was critically interested in its success, that there existed an atmosphere that could only be the result of the skill, human interest, and thoughtfulness of those in charge. The chaplain in his report says: "There has always been and perhaps always will be those who have no higher conception of an asylum than a place of confinement for the people who cannot safely be allowed to remain in the community. In their view, inside of such an institution there is little room for the exercise of the milder tendencies and kindlier feelings and impulses of our common humanity and still less for the exercise of those sweeter charities

ELOISE HOSPITAL, BUILDING I, WAYNE COUNTY
This building was erected in 1928

and more divine lessons of pity, sympathy, and comfort, taught by Him who not only preached the Gospel but opened the eyes of the blind, unstopped the ears of the deaf, gave strength to the palsied limb and joy to the stricken heart." The good dominie would not condemn too harshly those who held such views, but pleaded for a place where patients might worship and the troubled might find peace.

Governor Crapo wrote a letter in which he describes a Christmas Eve that he spent at Kalamazoo. He was surprised and pleased at the meeting of the patients in the home of the superintendent, "just as members of a large family returning home for Christmas festivities," with pleasant consideration on every hand and nothing to suggest patients in an asylum.

Early the question of the relative rights of those who could afford to pay and those who could not pay became acute. The limited room available could easily, and did, become occupied by those who could pay to the disadvantage of those who could not. Much may be said and honest difference of opinion be maintained on the question of penalizing the rich and favoring the poor. Those who pay their way also pay a large proportion of the state taxes. This question, as it should be, was settled in favor of the poor and until more hospital room was provided every effort was made to care for them. Those who decided felt that while the poor were helpless, the rich could pay for their maintenance in Eastern institutions where there was more room than in the one in Michigan. Michigan still takes this attitude—the poor must be cared for.

Original Building, Kalamazoo State Hospital

In 1840 the United States census enumerated but sixty-five insane and idiots in Michigan. Fifteen years later, when the building of the asylum was authorized, 428 had been recognized. With the opening of the Michigan Asylum for the Insane at Kalamazoo the problem of care was thought to be solved, but the State Care Act which made it illegal to confine the mentally afflicted in jails and county houses and which promised state support for the incurables, brought to light unthought numbers, and though state support of all incurables failed to materialize, it served to furnish a more nearly correct census of the insane.

When Dr. Van Deusen resigned the superintendency he was succeeded by Dr. George C. Palmer, who after service in this capacity for about thirteen years, himself resigned to become medical director of Oak Grove, a hospital for nervous and mental diseases at Flint. Following him in succession were Drs. William M. Edwards, Alfred I. Noble and Herman Ostrander. Dr. Ostrander retired very recently and was succeeded by Dr. R. A. Morter.

"Dr. George Culver Palmer, of Flint, well known to most of you, late medical director of Oak Grove, was born December 27, 1839, in Stonington, Connecticut; received his preliminary education at Suffield, Connecticut; entered the literary department of the University of Michigan, where he spent three years. He graduated in medicine from the medical department of the University in 1864, receiving immediately thereafter an appointment in the Michigan Asylum for the Insane at Kalamazoo, where he served upon the staff as assistant physician and assistant medical superintendent until July, 1878, when he became medical superintendent. In 1891 he resigned the latter position, and was elected medical director of Oak Grove. Dr. Palmer originated the colony system of management of the insane, and to his writings and his personal work the successful establishment of state care in Michigan is in a great measure attributable. He was self-sacrificing and philanthropic, beloved by all who knew him well, and his life work was well done. He passed away August 17, 1894, aged fifty-four years."[7]

The *Michigan Medical News* thought it better that physicians should be married "provided they have means to support a wife," but knew not why Dr. Palmer, elected superintendent of the Michigan Asylum, Kalamazoo, in 1878, was presented with a resolution of the Board of Trustees that he "should get married."

This resolution was not carried into effect immediately by Dr. Palmer, but several years later he married an accomplished assistant, Dr. Mary S. McCarthy. (*See* Volume I, Page 589.)

Dr. William M. Edwards, superintendent of the State Hospital, Kalamazoo, wrote in 1895, on "The Public Care of Epileptics by Colonization."[7]

Eastern Michigan Asylum

In spite of the fact that the Michigan Asylum at Kalamazoo had been enlarged, a steadily growing group of insane in the communities led to the demand for another institution in the eastern part of the state. In 1873 an act was passed which provided for this and Pontiac was chosen as a site.

In 1878, when the asylum was opened, Dr. Henry M. Hurd became the first medical superintendent. He had been trained under Dr. Van Deusen at Kalamazoo and had imbibed the spirit† of the Utica School of Psychiatry. He was early interested in non-restraint and employment of the insane. He went to Europe to find out what work was being done in that line there. He tried to make Pontiac useful to the general physician. The troubles were his that any hospital meets, but, quoting from Dr. C. B. Burr, who was trained under him and who followed him as superintendent, "in meeting them Dr. Hurd's staff was a battling unit, a pull-all-together phalanx. As to misunderstandings, jealousies, non-coöperation, individualistic activities not consonant with the general weal, there were none. It would be impossible to find an *esprit de corps* more nearly perfect than that at the Eastern Michigan Asylum at Pontiac during the years of his superintendency—1878 to 1889." It was at this institution that the first training school for nurses in the Michigan State Hospitals was organized and this was one of the earliest efforts in this direction in the United States. For convenience in teaching Dr. Burr wrote, in the nineties, "A Primer of Psychology and Mental Disease." This tiny manual, during the progress of years, was elaborated and eventually appeared under the title "Practical Psychology and Psychiatry" and has been found useful in both training school and medical classes.

Pontiac State Hospital, Central Building
This building was rebuilt after a disastrous fire. It is shown with original wings and later extensions.

Dr. Henry M. Hurd served as medical superintendent of the Pontiac State Hospital (in the late nineties re-christened) from 1878 to 1889; Dr. C. B. Burr from 1889 to 1894. On the latter's resignation, Dr. E. A. Christian was elected to succeed him and is still (1930) in office. From a capacity of 400 patients in 1878, the hospital has steadily grown by extension to the original buildings and by detached cottages, and at the present time cares for 1,700. With its clinical and laboratory facilities, its staff meetings, its vocational equipment, and emphasis everywhere on the hospital idea, it bears small resemblance to the institution of long ago.

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†Its spiritual values, doubtless, but not its methods or precedents in administration. (*See* Volume I, Chapter XI.)

The relief afforded by the opening of the Eastern Michigan Asylum was hardly felt. The number of insane in the state was increasing at the rate of 170 per annum. At a joint meeting of the boards of trustees of the two institutions, a resolution was adopted, owing to the crowded condition of the two asylums and the number still uncared for, that recommended to the legislature that another asylum for the insane be erected. All through the early reports of the Kalamazoo State Hospital reference will be found to patients being brought to the institution in a weakened condition, and the plea that they be strong enough to endure a long journey before undertaking it. One may imagine the discomfort and often hardship of transporting in winter, a patient to Kalamazoo or Pontiac from the upper peninsula or northern part of the lower peninsula, when the patient was physically strong. How much more the hardship when he was physically weak.

The efforts of the superintendents at the Kalamazoo and Pontiac institutions, to obviate this distressing situation, enlisted the interest of Governor Rich and convinced him of the necessity for a new institution in the northern part of the state. The legislature of 1881 authorized its building and Traverse City was chosen as the location.

To Dr. George F. Inch, medical superintendent (1930), the History Committee is indebted for the following account:

Traverse City State Hospital

The legislature of 1881 provided for locating an additional asylum for the insane and selecting a site therefor. Under this act Governor Jerome appointed three commissioners to locate the new hospital. A member of this commission was Dr. E. H. Van Deusen, formerly superintendent of the Michigan Asylum for the Insane, now known as the Kalamazoo State Hospital. Dr. Van Deusen had long been regarded as one of the foremost psychiatrists in the country, and it was, no doubt, through his efforts that a site so favorable to the care of the mentally afflicted was selected at Traverse City. For beauty and healthfulness it is doubtful whether a better location could have been found anywhere in the state.

In 1885, at the time of opening of the hospital, Dr. James Decker Munson, chief medical assistant of Dr. Henry M. Hurd at the Eastern Michigan Asylum at Pontiac, was made superintendent. Under his skillful management the hospital became one of the best managed institutions of its kind in the country and many reforms in the care of the mentally afflicted were introduced. He, also, was keenly interested in general medicine and was directly responsible for the establishment of the James Decker Munson Hospital, an institution for the care of the physically sick in the Traverse City region.

Dr. E. A. Christian, superintendent of the Pontiac State Hospital and a colleague of Dr. Munson, has written very fully of Dr. Munson's life,† as follows:

"Dr. James Decker Munson was born in Independence, Oakland County, Michigan, on the eighth of June, 1848, a son of Saron B. and Harriet (Decker) Munson. His parents, immigrating to Michigan from New Jersey, had settled on a farm in the early pioneer days of the state and it was on this farm in Independence township that the doctor was born, June 8, 1848. To this sturdy pioneer stock is to be traced the sterling traits developing in the son which won for him the esteem in which he was held wherever his lot was cast. The Munson family name, we are told, 'was indissolubly linked with the annals of the state since the pioneer days.'

"Dr. Munson received his educational start in a rural school of his native township, and later was enrolled as a pupil in the Pontiac High School. Following this preliminary training he entered the medical department of the University of Michigan, graduating with the class of 1873. Later (1904) he was to receive from his Alma Mater the honorary degree of M. A. Soon after his graduation he began the practice of medicine in Detroit. As a consequence of his record made as an undergraduate at the University, and, while building for himself a practice in the city, he was made demonstrator of anatomy in the Detroit College of Medicine. This was in accord with his predilections, especially with his interest in the then developing knowledge of the structure of the nervous system, and doubtless helped to determine his decision to accept an appointment to the medical staff of the Eastern Michigan Asylum, as the Pontiac State Hospital was then known.

"The late Dr. Henry M. Hurd had just been called (1878) from the staff of the Michigan Asylum at Kalamazoo, now the Kalamazoo State Hospital, as medical superintendent of the new state institution about to be opened at Pontiac. His choice of chief medical assistant was Dr. Munson. After some months of residence at Kalamazoo, in preparation for his work in the new institution, he entered upon his duties at Pontiac.

"To his superintendent he was a loyal and efficient assistant in the medical and administrative work until himself chosen as a medical superintendent of the third Michigan mental hospital. This was then known as the Northern Michigan Asylum at Traverse City, subsequently becoming the Traverse City State Hospital. Dr. Munson was the first and unanimous choice of the Board of Trustees for this position. The selection was, for the new institution, a signally fortunate one.

"It will be recalled that his early discipline was received on a farm. The father was a successful and progressive agriculturist. The son grew up close to the soil. He had a close acquaintance with farm activities in all phases. His scientific bent turned these things into botanical pursuits and he became a lover of plants and trees as well as of crops and live stock. He was by nature and training an administrator. Thus it was that he brought to this new institution, located in a new and undeveloped country, qualities eminently fitting him to cope with the manifold problems of both personal and physical import. The Traverse City State Hospital with its beautiful setting of today, is far removed in physical aspect from the structure of brick and stone of 1885, surrounded then as it was by land hitherto untilled and thickly studded with stumps of a preceding primeval forest. In this instance the man and the opportunity met; and the beautiful landscaping with its lawns and ornamental trees and shrubs, the productive farm with its nationally recognized dairy herd, is the outcome.

"Singularly gracious of manner, winning at once the confidence of patients entrusted to him, and always possessed of an understanding of their needs, he had from the outset the qualities most to be desired in a medical superintendent. Dr. Munson never lost sight of the beneficent value of the personal relationship. He loved his profession and was always a diligent student in matters medical. Psychiatry was with him but a phase of medical science and to this may be ascribed, in a large measure, his successful plans for a general hospital as a unit in the Traverse City State Hospital, serving the city and surrounding country as a medical center.

"He was a member of the American Medical Association, the American Psychiatric Association, the National Association for Prevention of Tuberculosis, the Michigan State Medical Society, and the Grand Traverse County Medical Society.

"Dr. Munson was twice married. The first marriage was to Miss Mary Munson, of New Jersey, a distant relative, while he was still assistant superintendent at Pontiac. The doctor's only child, the late Dr. James Fred Munson, a graduate of the literary and medical departments of the University of Michigan and for many years pathologist at Craig Colony, New York state, entered the medical service of the United States forces at the outbreak of the World War. He fell a victim to the pandemic of influenza which so ravaged the camps of the country in 1918, leaving as a widow Mrs. Helen Munson, now residing in New York City.

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†*See* also Volume I, Page 584.

"The father bore this affliction with the fortitude that was characteristic of the manner in which he faced all of life's trials. The mother of this only son died in 1902. Dr. Munson's second wife was Mrs. Marian M. Ward of Manistee, whom he married in 1904 and who shared his institution cares until her death, August 31, 1927.

"After almost fifty years in the state's service, thirty-nine years of which were as superintendent of the institution which he organized, Dr. Munson resigned his office in July, 1924, and was retired by the State Hospital Commission as Medical Superintendent Emeritus.

"His remaining years were passed, for the most part, on his fruit farm a few miles from Traverse City where he lived among the trees and flowers he so dearly loved, continuing his interests, business and social, in the community which he had seen grow from a lumber shipping outpost to a flourishing fruit-growing and agricultural center.

"Returning from a winter spent in California, he fell while in a Grand Rapids hotel, sustaining a fracture of the hip. He insisted upon being returned to his beloved home on the 'peninsula,' where he met his approaching end with the philosophic calm that had enabled him to face former crises.

"The end came June 24, 1929, the completion of a life full of activity and of usefulness to his fellow men. Burial was at Pontiac, in Oak Hill Cemetery, in the Munson family lot, among his forbears."

Following the resignation of Dr. Munson in July, 1924, Dr. Earl H. Campbell, a graduate of the University of Michigan in the class of 1900, a former assistant in the Kalamazoo State Hospital and who in 1905 became superintendent of the Newberry State Hospital, was transferred to fill the vacancy. Dr. Campbell continued to carry on the work so well begun by Dr. Munson, as well as make many advances in the scientific care of mental patients. In March, 1926, Dr. Campbell expressed a desire to return to his former home at Newberry; the State Hospital Commission granted his request, and he again took up his work at the Newberry State Hospital.

He was succeeded by Dr. George F. Inch, a graduate of the University of Michigan, class of 1895. Soon after graduation he became assistant physician at the Kalamazoo State Hospital and later assistant superintendent.

There have been a number of associates on the medical staff in the Traverse City State Hospital, who have filled conspicuous places in the medical world. Among these are the following:

Dr. C. G. Chaddock served as assistant physician from 1885 to 1890 and as assistant medical superintendent from 1890 to 1892. After his resignation he became professor of neurology at the St. Louis University school of medicine.

Dr. G. L. Noyes filled the position of assistant physician from 1895 to 1900. He now (1929) holds a position as professor of ophthalmology and dean of the medical school at the University of Missouri.

Dr. Henry Hulst, who later became a well known physician in his chosen line of neuropsychiatry in Grand Rapids, served in the capacity of assistant physician in 1888 and 1889.

Dr. William A. Stone, graduate of the University of Michigan, class of 1885, became assistant physician in 1886 and served in this capacity until 1891 when he became assistant superintendent of the Kalamazoo State Hospital, a position which he filled until his resignation in 1910 to enter private practice as a consultant in neuropsychiatry.

Dr. Arthur S. Rowley, who is at the present time doing meritorious work as the first psychiatrist for our state prisons, was assistant physician at this hospital from 1891 to 1895 when he became assistant superintendent, a position which he filled until his resignation in July, 1924.

The medical history of the Traverse City State Hospital would not be complete without mention of the good work rendered by a number of physicians on the former Board of Trustees and more recently on the State Hospital Commission. I refer to the late Dr. C. E. Miller of Cadillac, who served as a member of the Board of Trustees from February, 1917, to 1921, and to the late Dr. S. E. Neihardt of South Boardman, who served as a member of the Board of Trustees from 1915 to 1921.

Traverse City State Hospital, Traverse City, Michigan. Administration Building.

On the governing board of our State Hospital we now have a medical man, who, notwithstanding his large special practice, has found time to devote part of his excellent talents to the welfare of the insane of Michigan. I refer to Dr. Edward P. Wilbur of Kalamazoo. Dr. Wilbur was first appointed as a member of the Board of Trustees of the Kalamazoo State Hospital and at the time of the organization of the State Hospital Commission in 1921 he became a member.

One physician of whom Dr. Inch has written, Dr. S. E. Neihardt (1863-

1928) of South Boardman, was pension examiner for almost thirty-five years and for six years a member of the Board of Trustees of the Traverse City State Hospital. He was a member of the Masonic fraternity, and widely esteemed as physician and citizen.

In 1926 he wrote of the desirability of a "great clinical center" in connection with such institutions which would "act as a clearing house enabling the physician to separate and properly classify the purely mental cases from the physical." He extols the foundation of this kind at Traverse City in operation for five years. "It has been a great benefit," he declares, "in times of epidemic, a boon to a great many people who would have been in great distress for want of proper care, both medical and nursing." In its short career and with inadequate room it has treated two hundred patients and enjoys "the almost unbounded support of the medical profession and largely of the Grand Traverse region."[7]

James Decker Munson Hospital. Traverse City State Hospital, Traverse City, Michigan.

Another, Dr. Henry Hulst, was born in the Netherlands in 1859, and came as a lad to this country with his parents. He received from Hope College the B.A. degree in 1883 and M.A. in 1887. In 1883 and 1884 he studied theology at Princeton and in 1888 was graduated in medicine at the University of Michigan.

He received the appointment of assistant physician at the Northern Michigan Asylum in 1888; resigned January 1, 1890, and moved to Grand Rapids. In 1891 he was visiting obstetrician to Union Benevolent Association Hospital.[4]

Ionia State Hospital

In the eighties another situation was developing that was rapidly becoming intolerable. Quoting from Dr. E. A. Christian, "Individuals serving sentences in prisons for crimes of varying magnitude were found to be insane and in no state to be turned loose upon society. Others, under indictment for major offenses, and possessed of uncontrolled criminal traits, must be cared for in a manner more in consonance with a steadily expanding public conscience. For some years they had been cared for by transferring them to one of the existing non-penal state institutions. Manifestly the presence there of this unfortunate, often homicidal and always dangerous element, in ever increasing numbers, was becoming intolerable." In 1883 the State Board of Corrections and Charities was authorized by the state legislature to build an asylum for the criminal insane in connection with or adjacent to the State House of Correction at Ionia. By 1885 the buildings first authorized had been completed and Dr. O. R. Long secured as medical superintendent. This institution was created so as to remove the insane convicts from various civil asylums and such inmates from the penal institutions as had developed a mental disease and also persons who were under arrest and could be committed directly from a court. From the time of his appointment, Dr. Long had realized the mistake in locating this institution in such close proximity to a penal institution. He very correctly believed that such surroundings were not conducive to return of the patient's health. With Governor Alger's and Governor Rich's support another site was chosen, across the river and on a high bluff overlooking it. From this time on, all new buildings were erected here instead of on the original site.

IONIA STATE HOSPITAL
Recreation yard with patients' buildings and main kitchen and dining room in background.

As one studies the development of this institution he is struck by the change that has taken place in the method of care and treatment of the group known as criminal insane. During the early years the main effort of the medical staff was to find ways and means to safely retain and humanely care for these dangerous patients. In other words, the care was mostly of custodial nature. Gradually the years brought forth a new and better understanding of the causes of mental disorders and the problem became that of how, if possible, could these patients be assisted in an effort to regain normal health. The better understanding of each patient was secured by obtaining social histories and improved records and to the purely medical treatment has been added the benefits of occupational therapy, hydrotherapy, and recreation. Finally, one is justified in stating that from revengeful, troublesome individuals, the majority of patients have become fairly contented and happy.

Michigan Home for Feebleminded and Epileptics

A period of eight years followed the opening of the Traverse City and Ionia institutions during which the state ceased effort to extend provision for patients. In this time the number of feebleminded and epileptics that were housed in state hospitals had increased to the point where the superintendents urged additional accommodation. Realizing that here was presented a different problem from that of caring for the insane, they urged that separate institutions for the feebleminded and epileptics be established. The state was not financially able to provide this but in 1893 erection at Lapeer of the Michigan Home for Feebleminded and Epileptics was begun.

Cottage for Girls. Michigan Home and Training School

Dr. William Polglaise was chosen as the first superintendent and he served until 1905. Dr. Polglaise was a remarkable man, had vision of the possibilities of the work and urged that the state accept its responsibilities in full. Dr. George Chamberlain followed him and it was under these two men that the institution was concerned mainly with the custodial care of the children. What training they received was directed for the most part toward the development of good personal, social, and work habits. The type of child admitted at that time demanded this kind of training, for the moron group who would have profited by tuitional methods had not been discovered.

As time went on and knowledge of the capacity of the children increased, and facilities for measuring this capacity developed, the character of the institution changed. Brighter children, capable of later taking a place in the community, were admitted as well as the custodial cases and means for appropriate training were necessitated. Teaching and industrial departments were added. A welfare department operating a parole system was established. With the transfer of epileptics to Wahjamega, the name was changed. It became the Michigan Home and Training School. Dr. H. A. Haynes, who followed Dr. Chamberlain, was superintendent during this period of transition and expansion. He was succeeded by the present writer.†

Cottage for Boys. Michigan Home and Training School

Upper Peninsula Hospital for the Insane

The year 1893 saw the establishment of another institution besides the Michigan Home for the Feebleminded and Epileptics. As public opinion had demanded the placing of an asylum in the northern part of the lower peninsula, so now it urged the legislature to consider the needs of the upper peninsula. At that time it had a population approximately of 200,000 and no institution nearer than Traverse City. Once again the legislature asked the governor to appoint a commission to build an asylum. Seventy-five thousand dollars was appropriated and Newberry chosen as the site. Dr. Samuel Bell of the State Board of Corrections and Charities was appointed first medical superintendent. A more definite plan of building is noticed in this institution. The original appropriation called for three cottages, each with a capacity of fifty, arranged so that the institution when completed would be a series of buildings, with a covered porch connecting, around a hollow quadrangle. The original plan has been carried out.

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†Under Dr. W. J. Kay's management the policy of expansion and improvement in teaching methods, vocational training, and hospitalizing for the invalid and feeble group has been worthily continued. Dr. Kay brought to the work a knowledge of psychiatric problems in part acquired through service as trustee of the Pontiac State Hospital. He had a *flair* for the historic—witness the article on "Early Treatment of the Insane," *Journal of the Michigan State Medical Society,* October, 1928. (C. B. B.)

Early reports show an interest in physical disease as a cause of mental disorder. One notes that attention is called especially to ocular defects. A training school for attendants was organized in 1897 and in 1909 the training school for nurses was opened. In 1899 Dr. George L. Chamberlain followed Dr. Bell as superintendent. He served until 1905. Dr. E. H. Campbell, who is present (1929) superintendent, took charge at that time.

Hospital for Boys. Michigan Home and Training School.

Dr. Samuel Bell (1856-1927), honorary member and former president of the Wayne County Medical Society, was "born in St. John, New Brunswick, March 5, 1856, and early educated in the schools of his native city. He was a graduate of the Detroit College of Medicine, in the class of 1881, later taking post-graduate work in Bellevue Hospital, New York, and studying abroad in 1909. He began his professional career in Port Hope, Michigan, later entering the field of general practice in Detroit. From 1895 to 1903 he was medical superintendent of the Upper Peninsula Hospital for the Insane and then returned to Detroit for the practice of his specialty, neurology and psychiatry. In 1920 he retired on account of failing health. He was at one time on the medical faculty of the Michigan College of Medicine and was also a member of the medical staff of Samaritan Hospital, Detroit.

"Dr. Bell was a member of the State Board of Corrections and Charities under Governor Winans and had the distinction of being a member of the first State Board of Registration in Medicine in Michigan, being appointed by Governor Hazen S. Pingree in 1899."[2]

Dr. Bell wrote on "A Series of Analyses, in Acute Melancholia, of the Stomach Contents after a Test Breakfast," in 1899.[7]

State Psychopathic Hospital, University of Michigan

Early in the history of Michigan's institutions the legislature created a Joint Board of Trustees of the asylums of Michigan which was to meet twice a year. This was particularly fortunate as it made possible mutual and effective discussion of matters relative to institutional administration and enabled the trustees to take the initiative in legislation pertaining to the insane or further extension of the hospital system.

In 1887 at a meeting of the joint boards, Dr. George C. Palmer discussed pathological and scientific work in the Michigan asylums, expressed dissatisfaction with existing conditions, and proposed their coöperation in having one pathologist serve all of the asylums. This was referred to a committee that after one year recommended "that an assistant physician be appointed to do microscopic work in common for the three asylums in Michigan each to defray one-third of the expense." This recommendation was laid upon the table with no further discussion for ten years, when it was brought up by Dr. William M. Edwards, superintendent of the Kalamazoo State Hospital, who proposed establishing an affiliation of state asylums with the University of Michigan in systematically conducted pathological work. The University had given its formal approval to this. The committee appointed to consider Dr. Edward's recommendations met with a committee from the University consisting of Dean Victor C. Vaughan and Regent Dr. Herman Kiefer. It was proposed that each board of trustees appropriate from its funds the sum of $125.00 toward the salary for one year of a pathologist, recommended by the University authorities and approved by the Joint Boards of Trustees, who was to give his whole time to asylum pathological work under the professor of pathology at the University of Michigan. This plan was adopted and Dr. Theophil Klingman was appointed pathologist. The arrangement did not prove entirely satisfactory to the several asylums but for lack of a better one was continued two years.

Dr. W. J. Herdman, professor of neurology at the University, had been in the habit of visiting the different state asylums in charge of classes of medical students. From these visits he knew the dissatisfaction with the arrangement for pathological work and the inability of the asylums to rearrange it satisfactorily. Quite independently of the movement toward an understanding between the asylums and the University, Dr. Herdman developed a plan for the organization of a special division in the University Hospital which should be devoted to the care of mental diseases. There had been arising over the country, a movement toward "Psychiatric Hospitals and Psychiatric Clinics" and Dr. Christian, in the January 1901 meeting of the Joint Boards of Trustees, discussed it under the above title, entirely unaware

Psychopathic Hospital, University of Michigan of the movement in which Dr. Herdman was interested. He remarked with much foresight, "I believe it will be only a question of time before the movement for a psychiatric hospital will make its appearance in Michigan." It was during the discussion that followed that the Joint Boards of Trustees became aware of Dr. Herdman's effort to develop a psychiatric ward in connection with the University Hospital. It was through his personal efforts that a law creating a psychiatric ward was enacted on May 25, 1905. The psychiatric ward was to be an addition to the present University Hospital and to be under its management, the superintendents of the several asylums to be members of its clinical staff. Its medical supervision was to be in charge of the head of the department of nervous and mental diseases of the University. Insane patients were to be sent direct from the court for observation for a brief period or for treatment if the patients required the services of specialists other than a psychiatrist. If a patient recovered he could be discharged, if not he might be transferred to one of the asylums. It was also possible for the superintendents of the asylums to transfer any of their patients that might be benefited through the facilities of the University Hospital.

There was nothing mentioned in Dr. Herdman's plan providing for laboratory or research work or any coöperation with the asylums other than the transferring of patients and the affiliation of the superintendents with the staff. Nothing is mentioned of the use of patients for teaching purposes. It became apparent that many difficulties were in the way of the new organization working smoothly and in 1902 a committee of trustees and superintendents recommended that an affiliation be entered into with the proper department of the University at Ann Arbor for pathological and clinical research work in mental diseases, that this department should be known as the Department of Pathology and Clinical Research of the Michigan Asylums and Psychopathic Hospital and that the central laboratory be located at the Psychopathic Hospital with branches at the different asylums. An investigator was to be employed of more than local reputation, the expenditures and details of the plan to be arranged by a Conference Committee.

In this new field of work the University was not expected to know definitely what might be done. Therefore, mutually satisfactory arrangements were difficult, but in July, 1903, the following propositions were submitted to the joint boards by the committee:

1. That a laboratory for clinical and research work in insanity shall be maintained in connection with the psychopathic ward.

2. That it be under the charge of an experienced investigator; his salary to be paid by the asylums; his official title to be Associate Professor of Neuropathology and Pathologist of the State Asylums, and Director of the Asylums' Laboratory.

3. The duties of the pathologist shall be to conduct clinical, pathological and research work in mental diseases in the Psychopathic Hospital at Ann Arbor and in the state asylums of Michigan.

4. The asylums are privileged to send members of their staffs to the central laboratory for clinical and research work.

5. It was to be possible for any state asylum to transfer patients to the Psychopathic Hospital for special study.

6. The University should annually allow for the support of the laboratory a sum of money at least equal to the salary of the director.

7. The director of the laboratory was to report to each asylum the work accomplished during the year and all work was to be reported as from the Michigan asylums' laboratory.

The joint boards disapproved and formally postponed indefinitely further consideration of the subject not because of any inclination to obstruct the development of the psychopathic ward, but because under existing laws the asylum trustees could not agree to the arrangement of diverting of asylum funds to other uses than that authorized by the state legislature.

A year later Dr. Herdman was invited to address the joint boards on the situation and as it seemed possible to adjust any legal obstacles by suitable enactment his address secured a renewed interest on the part of the asylums toward the organization at Ann Arbor and a committee was appointed by the joint boards to arrange for the completion of the building and appointment of a medical director. In a few months the legislature provided the organization and the maintenance for a laboratory in connection with the psychopathic ward and for its administration jointly by a Board of Regents and the Joint Boards of Trustees. They were to appoint an experienced investigator in clinical psychiatry who was to be in charge of the psychopathic ward and who should conduct clinical and pathological investigations, direct the treatment of patients in the psychopathic ward, guide and direct clinical and pathological research in the several asylums and instruct the students at the University of Michigan on diseases of the mind. His official title was Pathologist of the State Asylums. A joint committee of the Board of Regents and Joint Boards of Trustees at once took up the administration of the new organization and in September, 1906, they appointed as director of the Psychopathic Hospital, Dr. Albert M. Barrett, who at that time was pathologist of the Danvers, Massachusetts, hospital for the insane and assistant in neuropathology in the Harvard University medical school. The building was completed early in 1906 and received its first patient on February 7, 1906.

The problems of the psychopathic ward and that of the general hospital of the University were quite different and it seemed best to secure for the psychopathic ward somewhat more independence in its organization and administration, but not lessen its intimate relation with the teaching organization of the medical department. New statutory provisions were enacted by the legislature in 1907, the name of the institution was changed to the State Psychopathic Hospital at the University of Michigan. The relation to the teaching faculty was unchanged, but its administration was placed in charge of a Board of Trustees consisting of four regents and four trustees from the asylum group. Its purpose was distinctly defined, "To be a State Hospital especially equipped for administering to the care, observation and treatment of insanity and for persons who are afflicted mentally but not insane." Within a few months of its opening a systematic course of instruction in psychiatry was organized and for the first time in an American university medical school there was provided a clinic which made it possible to give adequate instruction in this important branch of medicine. From the research activities of members of its staff have come a number of notable contributions to psychiatric literature. During the war, the hospital was organized as a training school in neuropsychiatry for medical officers of the army. Many former staff members of the hospital have attained outstanding positions in the field of neuropsychiatry and mental hygiene in Michigan and elsewhere in America.

"Dr. William James Herdman,† was born September 7, 1848, at Concord, Muskingum County, Ohio, of Scotch-Irish ancestors and had a general education in the common schools, and Michigan University, whence, in 1872, he received the degree of Ph.B., and in 1875 his M.D., and was successively there in 1875 to 1890, demonstrator of anatomy; 1879, 1880, lecturer on pathological anatomy; 1880 to 1882, assistant professor of pathological anatomy; 1882 to 1888, professor of practical and pathological anatomy; 1888 to 1890, professor of practical anatomy and diseases of the nervous system; 1890 to 1898, professor of nervous diseases and electrotherapeutics; 1898 to 1906, professor of diseases of the mind and nervous system and of electrotherapeutics. For many years he gave special lectures to the law department classes. From 1882 to 1887 he was professor of orthopedic surgery in the Northwestern (Ohio) Medical College. During the same period he was consulting surgeon to St. Vincent's Hospital in Toledo, Ohio; member of the American Electrotherapeutic Association, president in 1894; member of the Michigan State Medical Society and the Zanesville Academy of Medicine; fellow of the American Academy of Medicine. In 1897 the University of Nashville gave him the degree of LL.D. He was very active in promoting the Young Men's Christian Association in the University, and a strong worker in the Presbyterian Church in Ann Arbor. He was active in securing rational anatomical laws regulating the dissection of human bodies and also, with Dr. Langley, in establishing the electrotherapeutic laboratory in the University of Michigan, one of the first in the country. He was the founder of the department of nervous diseases in the University. The Psychopathic Hospital was largely the result of his thought and fine work—pre-eminently his monument for all time. Dr. Herdman enlisted in United States military service April 5, 1865, as private, Company F, 198th regiment, Ohio Infantry; discharged May 8, 1865, by general orders. He was a member of Welch Post G. A. R. 1886. He was about six feet high, perfectly proportioned with a large head covered with luxuriant brown hair, high forehead, brown, bushy eyebrows shielding the deepset eyes, long curly mustache, keen glance, kindly manner and of remarkable dignity. On September 15, 1873, he married Nancy Bradley Thomas, who with three children survived him; the son, Elliot Kent, became a practicing physician.

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†*See also* chapters on "Medical Education," "Contacts and Close-ups," *et al.*, Volume I.

"Dr. Herdman died December 14, 1906, in Johns Hopkins Hospital, Baltimore, following operation for malignant disease in the abdomen.

"Papers included:

Burgeon's Method of Treating Chronic Diseases of the Lungs by Medicated Gaseous Enemata. (*Transactions Michigan State Medical Society,* 1887.)

Clinical Observations on the Functions of the Right Temporo-Sphenoidal Lobe. (*Journal of Nervous and Mental Diseases,* New York, 1895, Vol. xx.)

Best Methods of Counteracting Psychoses, due to the Strain and Stress Incident to Our Public School System. (*Journal American Medical Association,* Vol. xli.)

Ascending Neuritis. (*The Physician and Surgeon,* Vol. xxvii.)

Primary Lateral Sclerosis. (*Transactions Michigan State Medical Society,* 1889.)

Some Forms of Trophoneurosis, with illustrations. (Ibid., 1894.)

Dupuytren's Finger Contraction. (Ibid., 1886.)

Vascular Disease as a Factor in the Etiology of Epilepsy. (*Journal of the Michigan State Medical Society,* Vol. iii.)[6]

Dr. A. M. Barrett of Ann Arbor was elected in 1921 president of the American Psychiatric Association, theretofore American Medico-Psychological Association. He was vice president of the American Neurological Association in 1920 and in the semi-centennial volume (1924) of that organization is credited with twenty-five contributions to neurologic and psychiatric medicine. He has been a diligent member of national, state and local medical societies. He received A.B. and M.D. degrees from the University of Iowa and pursued special study in Heidelberg.

From the State Psychopathic Hospital have gone forth several notable figures in Michigan psychiatry among them Drs. Robert Haskell, Theophile Raphael and Abram L. Jacoby. On the death of the latter, Dr. Raphael succeeded to his important position in the Juvenile Court of Detroit.

"Dr. A. L. Jacoby has been appointed chief of the psychopathic clinic in the Detroit Recorder's Court."[7] (March, 1921.)

Dr. Jacoby recommended that "practically every person" for whom parole was contemplated be examined in the clinic.[7] (April, 1921.)

"Dr. Homer E. Safford of the Detroit Juvenile Court staff says that in his twenty-five years of medical practice he has been impressed with the number of cases in which nervous and mental disorders have predominated Many could have been prevented, had there been adequate hospital facilities. He is in favor of the new Detroit Municipal Hospital because it means that many of these cases can be given proper observation and many delinquents can be returned to the straight and narrow path with the proper study. At the present time such study is hampered by the lack of facilities."[7] (May, 1921.)

The following tribute written by Dr. Albert M. Barrett appeared in the *American Journal of Psychiatry* shortly following Dr. Jacoby's death:

"In the death of Dr. Arnold L. Jacoby, which occurred at Springfield, Massachusetts, on April 30, [1927], there was lost an outstanding personality in the field of psychiatry and criminology.

"While on his way to deliver an address at Hartford he was taken from the train in an acute attack of appendicitis, from which he died three days later.

"Dr. Jacoby was graduated from the medical school of the University of Michigan in 1910. He then entered the medical corps of the navy where he served until 1912. After a brief period in general practice he was for a few months assistant physician and pathologist in the Illinois State Hospital at Anna. He left there in 1915 to become first assistant physician at the Psychopathic Hospital at Ann Arbor and instructor in psychiatry in the medical school of the University of Michigan. Immediately at the outbreak of the war he returned to the medical corps of the navy. In November, 1917, he was placed in charge of the psychiatric work at the naval prison at Portsmouth, where he organized and directed a fifty-bed psychopathic hospital. At the close of the war, having attained the rank of lieutenant commander in the medical corps of the navy, he returned to Ann Arbor where he continued until July, 1921, when he was chosen to organize and direct the psychopathic clinic of the Recorders' Court in Detroit.

"The establishment of this clinic brought to the City of Detroit and the State of Michigan a new era in the administration of the criminal courts. Such an innovation encountered many difficulties which were successfully met by Dr. Jacoby by his enthusiasm and forceful character and the practical directions into which he developed this new work. In the years of his directorship this clinic developed into one of the outstanding organizations of this country and has become of indispensable service in the criminal courts of Detroit. Not only did this clinic serve the direct needs of the court in giving to the administrators of the law an insight into the psychiatric aspects of those who came under their charge, but from it radiated a variety of activities that have done much to raise standards of the local administration of the criminal law, and have opened up possibilities that are far reaching.

"In his research interests he appreciated the value of the great amount of material that was gathered in the clinic and already several noteworthy contributions have been published by him and his associates, and others were in preparation when his work ceased.

"He was an active member of several national psychiatric associations and during the past year was secretary of the American Orthopsychiatric Association.

"Although only 41 years of age and still at the beginning of his career, his unusual personality, sound psychiatric knowledge and a peculiarly practical insight into problems of human behavior, distinguished him as a man of much promise in his chosen field.

"His passing at this time removes one who was much needed in the all too small group of those who are giving to us a better understanding of human conduct and are pointing out more intelligent ways of dealing with the very complex problems of criminology."

Michigan Farm Colony for Epileptics

For many many years the epileptics cared for by the state were scattered through the different hospitals for the insane and the Michigan Home and Training School, occupying space much needed by the group for which these institutions had been built. This was not good for the insane, the feebleminded or for the epileptics and in response to requests originating with the superintendent and presented by the Joint Boards of Trustees of these institutions, the legislature in 1913 authorized the building of the Michigan Farm Colony for Epileptics. It was located in Wahjamega and Dr. R. L. Dixon, the present (1929) superintendent, then State Commissioner of Health, was appointed. This institution in its layout and type of building illustrates the exact opposite in architecture to the three-story-and-basement continuous type of building used at Kalamazoo, Pontiac, and Traverse City. Through the farm of 1,500 acres, flows a beautiful river and along its banks are placed one-story cottages of about 100-bed capacity at sufficient distance apart, to permit the development of everything for which the colony idea stands. Every cottage group grows its own vegetables in its own garden, some raise chickens, others specialize in flowers. Swimming holes are numerous along the river; each cottage may have its own. In fact, the whole situation lends itself to a hominess that neutralizes, as much as possible, the feeling of being in an institution. It was opened in 1915 for 200 patients and the population has grown to 900 at the present time.

Every ointment has its fly and in this particular case the state has failed to provide funds for the carrying on of research. With a controlled group, in charge of a man, capable, trained and anxious to do, the state has failed to furnish the funds necessary to carry on research into the nature and cause of a disease of which so little is known and consequently so little can be done. Epilepsy, through its very hopelessness, brings misery to the friends of patients as well as to the patient. Even though the laboratory facilities are lacking there have come out of the institution contributions to a better understanding of epilepsy made through clinical observation. The legislature has considered correction of the mistakes of the past and it is hoped that a research laboratory will be established at Wahjamega in the near future. Dr. Dixon very seriously discussed this "Proposed Research in Epilepsy" before the American Psychiatric Association in 1928.

Wayne County Training School

The year 1922 saw the authorization of another institution within the state for the care of the mentally deficient. While it is not a state institution it falls in the quasi-state class. The lack of room in the Michigan Home and Training School made it almost imperative that Wayne County undertake the housing and training of the children, who had become wards of the court through behaviour not in itself so serious except that its trend was in the wrong direction, and their environment if continued would surely lead them to a life of delinquency and crime.

The basis on which the training school was projected, built and opened, that of making the child socially possible and economically an asset, is one that is common to all state training schools that have high grade feebleminded children in their population. The board of control adopted the wise policy of limiting the age of admission, both chronological and mental, thus making it possible for the training school to serve Wayne County in its most urgent need—that of getting control of the child of possibilities at an age when there is a greater probability of correcting wrong attitudes in the shortest length of time.

Dr. R. H. Haskell, superintendent of the Ionia State Hospital for ten years, was chosen superintendent. Under his supervision, the school opened in 1927 with ninety-eight, and at the end of June, 1929, had 602 children under care. Dr. Haskell has gathered about him a staff of workers that will make possible the best social-psychiatric work.

The history of the medical care of the insane of the state would not be complete without reference to the many medical men, outside of the state's medical organization for this purpose, who we know did much to shape the state's policy—and others who by trial methods indicated ways of improving the lot of the mentally diseased. In the early days men were not given to making medical records or any other except necessary official ones and consequently, often, only an isolated fact remains to indicate a man's interest. An example of this is an account of a physician organizing a school for the insane in which he records that one patient looked upon the school as a gateway to heaven, and while he was enthusiastic about his effort he disclosed a note of doubt as to its success because his pupils needed the constant personal attention of the teacher to keep them going. He felt he had too many in his class who could do little or nothing and just as today, they were disturbers. How many of his group were psychopaths and how many were feebleminded? What was the origin of his interest and how did his effort end? There is no record that answers any of these questions.

There has never been any serious criticism of Michigan's medical care of the insane, though she has shared with the rest of the world the opprobrium that her housing facilities have never been equal to the demand upon them. Early in her history as a state she accepted the responsibility of state care and the fair reputation she holds among her sister states is based on (1) the high ideals that prevailed in the early medical workers, (2) the perpetuation of these ideals by each added unit, (3) the meetings of the Joint Boards of Trustees which made constructive criticism and helpful discussion of administration problems, and (4) the fact that politics has not entered into the management of Michigan state hospitals.

Addenda†

"The Treatment of the Michigan Insane" was discussed by Dr. James H. Jerome of Saginaw early in the history of the State Medical Society, record of which appears in Volume I of the Transactions of the Society.

An excellent editorial on "Relief for the Insane" was contributed by Dr. Moses Gunn to the *Peninsular and Independent Medical Journal,* Vol. I, 1858, Page 215.

Early volumes of the *Detroit Review of Medicine and Pharmacy* contain interesting matter on this subject.

A brief but comprehensive history of the founding of the State Hospital at Kalamazoo is contained in the *"History of Kalamazoo County,"* Page 161.

"Lunacy Reform" is discussed in the *Detroit Lancet* in 1880.

This, it will be observed, is long before the famous "Fringe" of Roosevelt appeared.

Dr. J. H. Bennett of Coldwater offered a series of resolutions at the meeting of the State Medical Society in 1880 advocating the placing of the "medical and surgical management" of the State Public School in the care of "competent and careful medical men."[3]

Dr. T. R. Buckham of Flint contributed to the *Detroit Lancet* an article on "Insanity." It is controversial and bears the sub-title *Audi alteram partem.*

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†Written by Dr. C. B. Burr, Flint, Michigan.

To the sweeping statement of Dr. Egan of Pulaski, Tennessee, that "lunatics are better treated at home, by an intelligent physician than at an asylum," he begs to enter "unqualified dissent," and writes convincingly in support of his position.

In an early day the exhibition of hostility between "neurologists" and alienists was a continuous performance.

"Dr. William A. Hammond has withdrawn his libel suit against the *New York Medical Record*. This suit was instituted some four years ago, for some critcisms made upon an article of his on hydrophobia, published in the *New York Tribune*. Doubtless his blood has cooled, especially as he has pending a libel suit against Dr. Gray, of the Utica Insane Asylum. We do not know of another man in the profession that is so often entangled in this sort of suits brought against brother doctors."[3]

Dr. Hammond may have acquired belligerency during army service at Mackinac in times long ago.

"With all due respect to the able men who from time to time have labored in our Michigan asylums, we can recall but one idea at all original which they have added to our knowledge of the nervous system. We allude to Dr. Van Deusen's description of neurasthenia."[3]

In the same number of the *Detroit Lancet* in which the foregoing appeared (Volume IV), there is a review of Dr. Hurd's report from which "it is evident that the State of Michigan gets from its physicians in the Pontiac Asylum more and better work than it pays for," which approximates "rale eloquence."

Dr. Connor took a broad and philanthropic position (in 1881) concerning the care of the chronic insane. "For ourselves, we plead not for those already in the asylums, but for the hundreds and thousands confined in the pens called poorhouses, that have no adequate care or attention. We want such arrangement made that the state can care for all its poor insane."[3]

Apropos this the reports of the Eastern Michigan Asylum in the eighties are of interest: likewise is "A Winter Visit to the Wisconsin County Asylums" made in 1898-1899 at the request of, and published in, the *American Journal of Insanity*.

Two columns in the *Medical Age* (1884) are devoted to "Definitions of Insanity." With no disposition to disparage Connelly, Bucknill, Spitzka, Locke, Maudsley, Spurzheim or any of the other so-to-speak Eminent Enlighteners, the following "by an Insane Patient" at Utica makes as strong appeal as any of the others:

"A maniac!
Know ye the meaning of that word,
Ye who of health and reason are possessed?
Can ye scan
The tumult raging in the inner man?
Could'st thou draw aside the curtain
That doth envelop his distracted soul,
And see behind it what he doth conceive is real,
Then might'st thou see him scorched

'Pon bars of iron, heated red by fire
Enkindled 'neath them. On every side
Are those whose office 'tis (it so doth seem to him)
To see it is not quenched. Should this delusion leave him,
His poor distracted soul will, by some new fear,
Be tempest tossed: then will he fancy
Everything that he doth see or hear,
And cannot comprehend, is but some method
To destroy or harm him!
Thou can'st not know nor feel,
O ye, whom God has blessed with reason,
A tithe of what he suffers;
For this to know or feel,
Thou must become, like him
A maniac!"

Dr. Robert L. Dixon, theretofore superintendent of the Michigan Farm Colony for Epileptics, succeeded to the superintendency of the Lapeer Home on the death of Dr. Kay. He in turn was succeeded (1930) at Wahjamega by Dr. W. A. Crooks from Peoria, Illinois. Dr. Dixon brings to the new position at Lapeer a ripe medical and executive experience not only in the special line which of late has engaged his attention, but in that of public health, sanitation and prophylaxis of disease incident to former activities as State Health Commissioner. He is an earnest and influential member of the American Psychiatric Association and of the National Association for the Study of the Feebleminded and Epileptic. As heretofore mentioned he is particularly interested in laboratory and research, as well as in clinical work.

Promotion of the deserving upon the staffs of the state hospitals to superior positions has been a well-established policy in Michigan for more than a half-century and its results have been admirable. Through it the institutions have escaped the embarrassing and disrupting effect of violent changes and the installation of new, and possibly unseasoned, methods. Political influences have never, to the knowledge of this writer, played any part in appointments, and unhappiness from this source has been avoided.

Institutional traditions that were worth while have been preserved, and loyalty and coöperation have been practically universal and continuous. Withal in no single instance have apathy and unwise conservatism prevailed, but in spirit, zeal in work, and in accomplishment the Michigan state hospitals have been thoroughgoing and have kept fully abreast of progress in its best implications.

Oak Grove—A Memory

By C. B. Burr, M.D., Flint, Michigan

IT HAS been the fate of many of Earth's beauty spots to be devastated in the march of "progress."† Such a calamity was narrowly averted at Oak Grove. A hospital for nervous and mental diseases under this name established in Flint in 1891 was located in a grove of majestic oaks which had been spared the woodman's axe through the foresight and benevolence of Governor Crapo. An adjoining highway was bordered by a tangle of woodbine, wild grape and running vines; a tiny brook cut across a low-lying portion of the property, in which had sprung up native thorn bushes in countless numbers, and where flowers that bloom in the spring grew in profusion.

Oak Grove—Once Upon a Time

In the immediate proximity of the buildings (*See* Volume I, Page 601) there was artistic landscaping, but elsewhere the grounds were preserved in a state of naturalness. The "Crapo forty" so-known (the acreage was somewhat larger) likened by appreciative visitors—not "tourists"—to an old English park was picturesque in the extreme. During the many years of residence there, it furnished daily, hourly, thrills of comfort and satisfaction; was, in brief, "new every morning, fresh every evening." Situated about a half-mile from the center of the business district of Flint, a city then of 15,000 inhabitants, it was sufficiently isolated, but industrialism stalked in and threatened to leave the impress of its cloven hoof. Quietude and charm were impaired through street cars jangling and creaking out of tune, there was paving of roads to assure the "motorist," who eventually replaced the horse-and-buggyist, additional safety, so-to-speak, for "speedicity," factory sites were located miles beyond and it was proposed to facilitate access thereto by a line of yellow street cars straight through the middle of the grounds. This latter horror had been approved by the "planning board" of Flint, which city "grew and grew, listen to my tale of woe."

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†How undiscriminatingly words are often employed.

Obviously in the immediate post-war period when "the sky was the limit" in property values, sale could have been made for more *mere* money to enterprising realtors than that obtained, but sentimental considerations prevailed. The directors valued their peace of mind too highly to favor any sordid procedure. Platting and "dinky" flags would have been anathema. Opportunely as it happened, the Board of Education required a high school site. Disposal of the property for this purpose saved the situation in great measure. Much of the grove is preserved. The original buildings are utilized as a teachers club, for offices, for a museum, and for a school clinic. As for the high school itself, it is probable that none in this country has a handsomer setting.

Regrets and lamentations from the patrons of the hospital naturally followed. A similar institution was, and still is, needed.

After forty-two years in the psychiatric field, I contemplated, with joy, release of hands from the plow. Strangely enough the very last page in a record book was reached in 1920, when sale was made and the hospital's charter would have required renewal that year.

Dr. Irvin H. Neff stood ready to carry on, and was encouraged by the members of the old organization; a site in the country was available, but post-war prices were practically prohibitive and there was utter impossibility of securing explicit contracts and definite guarantees for the delivery of building material. The project was, therefore, reluctantly abandoned.

Dr. Neff was abundantly qualified to undertake the enterprise; he had had varied and excellent psychiatric experience at the Kalamazoo and Pontiac Michigan State Hospitals and as superintendent of those at Foxborough and Norfolk, Massachusetts. It is possible, however, that the outcome has been more favorable to him, than would have been the case had not the Oak Grove plan gone glimmering. He has been in highly successful psychiatric practice in Detroit for the past ten years.

And this leads me to say that aside from those seasoned through service in the state hospitals of Michigan who later engaged in neurologic and psychiatric practice, as Chaddock from Traverse City, Stone from Kalamazoo, Jacoby and Raphael from the State Psychopathic at Ann Arbor, or continued in hospital work elsewhere, as Haskell from the State Psychopathic who became superintendent of the Ionia State Hospital and later of the

Wayne County Training School, Northville, and Mack from the Pontiac State Hospital, now superintendent of a private sanitarium in Livermore, California, many physicians of conspicuous ability have gone forth to success in other lines. There are, for example, Clarence E. Simpson of Detroit; C. D. Morris of Pontiac, who sees eye to eye through the ophthalmoscope or across the bridge table; the late H. C. Guillot of Pontiac, prominent in medicine as well as in civic and political life, the late Guy L. Noyes, ophthalmologist of high repute, formerly an assistant physician at the Traverse City State Hospital, who became dean of the University medical school, Columbia, Missouri, and L. J. Goux (1871-1919), who located in Detroit in ophthalmologic and otologic practice after several years on the staff at Pontiac.

All of which goes to show—but characteristic psychiatric humility and restraint forbid elaborating.

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Chapter XII

The Military Service of Michigan Physicians

A Symposium

REVEREND GEORGE DUFFIELD *approved of "Monuments to the hero-surgeons of the War."*

Wanted
A War
To make the world safe for
Speed and Speculation
A SEPTUAGENARIAN.

CHAPTER XII

The Military Service of Michigan Physicians

Its Influence on the Practice of Medicine

By Andrew P. Biddle, M.D., D.Sc., Detroit, Michigan

THE object of a separate article on the rôle played by the military surgeon in the wars of the United States is to emphasize the influence such service had upon the individual and upon medical practice in the community in which he settled. Probably in the earliest days of the settlement of the Northwest Territory medical men accompanied the expeditions, but the service must have been crude and based upon a knowledge gained by the prevailing epidemics and the rough experience of the times; though most of the pioneering work was done without the accompaniment of a physician, and reliance in sickness was placed upon the experiences of the missionaries and the Indians, mostly with concoctions of the indigenous wild plants and the leaves of certain trees.

Then, as the frontier forts were established, army surgeons attached to the barracks rendered service to the surrounding civil population and many of these surgeons settled among these communities and established and guided medical practice, coming, as they often did, to the scene with the prestige of army connection and army service. But, probably, the greatest influence on medical practice came after service in the Civil War, 1861-1865. Young men who had acted in any capacity which attached them to the hospital or service with the troops were eager to start or to complete their medical course. Young graduates who had seen the active service of the four years of conflict came home with added prestige and a determination to put their experience into practice. Many came back imbued with the desire to teach and their eagerness was easily seen in the strengthening of the existing medical schools or in the formation and development of new schools.

In Michigan, as in other states, this influence was profound and was felt during the life of that generation.

War is always in the mind of many an unnecessary evil, a debasement in human effort. Whether justifiable or otherwise, whether the cause be noble or ignoble, war is war, the organization of wholesale mayhem and murder. Yet it is to the glory of the human spirit that, even in the horrible situation created by a war, often mankind is able to create opportunity for growth and progress. The Spanish-American War, for example, hastened the eradication of typhoid and yellow fevers, and the construction of the Panama Canal. I do not use this as an argument in favor of war as an institution. I say only that great calamities sometimes create opportunities for mankind to rise to a higher plane of achievement, and that this certainly is exemplified in the relation between war and the progress of medicine.

The Civil War paved the way for modern surgery. It changed the practice of medicine and at the same time it established the physician in a position of social and political leadership. The contribution of the war to the mental and moral equipment of Michigan's medical profession and the subsequent contribution of the erstwhile military surgeons to the medical, social and political life of this state is evidenced here as elsewhere. But before we can follow this development, we must turn back the pages of time to visualize the state of things in Michigan when President Lincoln called for volunteers, and to estimate the part played in the life of the state by medical men.

I am glad to have lived in the day before the coming of the automobile, in the day of the horse and buggy and the dirt road, the day of the coal-oil lamp and the wood stove. For bereft of the memories of these tangible homely things, I should never be able to visualize the Michigan of our fathers' day, when patriots gathered to "rally 'round the flag," and when the medical profession of this state distinguished itself by its prompt and efficient conduct in the emergencies created by the Civil War. Yet even with the smell of the kerosene lamp in my nostrils, it is difficult for me in this day of the automobile and aeroplane, to visualize the Michigan of 1864 in which our predecessors practiced the healing art. The population of the state at that time as 754,000—about half that of the present population of Detroit. The latter city at that time had a population of 53,170; the next largest was Grand Rapids, with 9,770. About 90,000 people lived in six cities having a population of more than 5,000—in other words, approximately 12 per cent of the population was urban, while the 88 per cent lived in villages or on farms. Good roads were few in number; in fact, it is well within my memory when no automobile was safe from the mud-holes outside of the city limits.

There were no telephones to call the doctor from his sleep to the urgent obstetrical emergency; there were no electric lights to guide him on his way or to enable him more easily to examine his patient; there were few clinical thermometers, and no sphygmomanometers. The practice of medicine in 1860 was so different from what it is today that it requires some imaginative effort to trace the continuity of its progress.

Ministering to the sick among these 754,000 souls were 1,266 physicians, 19 surgeons, 6 oculists, and 72 nurses. There was one doctor for about every eight hundred persons. These men practiced their art and science by virtue of the authority given them by their patients' confidence and a license obtained from the county medical society. (As late as 1890 there was no state law regarding the qualifications or licensing of physicians, other than that provided in 1819, permitting local medical societies to distribute licenses.) There was one medical school in the state, that at Ann Arbor, which provided a short curriculum of forty weeks, consisting largely of lectures. But many men were in practice without benefit of even this modest educational background. Hospitals there were none, and, of course, interne experience was unknown in Michigan.

In other words, medical practice in the sixties bore more resemblance to medical practice of earlier centuries than to the art and science of medicine as it was known in 1900. In 1860, doctors knew nothing of bacteriology. Aseptic technic in contagion, in surgery, and in obstetrics was unheard of. There was no valid bio-chemistry. Thyroid therapy and iodine therapy in myxedema were unknown. Diabetes was a closed book. Physiology had not yet been created; the function of the pancreas was unknown, and the part it plays in diabetes. It was not until 1854 that Virchow established the science of pathology, and very little of his achievements had seeped into Michigan by 1860. In mastery of the fundamental physical and biological sciences, and in knowing what to do in an emergency, the doctor of 1860 was in a poor position in comparison with the knowledge and ability possessed by the qualified doctor of today.

During the Civil War, the State of Michigan sent to the front thirty companies of infantry, eleven companies of cavalry, one company of engineers and mechanics, one company of sharpshooters, and one company of colored infantry. To each company was attached a surgeon and assistant surgeon.

But with the years of peace came, as usual, the national neglect of preparedness for the emergencies of war and so the Spanish-American War, 1898, found the profession unequal to the task of handling large bodies of troops. Fortunately, no large bodies were needed. I had the honor of being appointed by Governor Hazen S. Pingree as major and surgeon of the thirty-first Michigan Volunteer Infantry. We left our rendezvous at Island Lake the middle of May en route to Camp George H. Thomas, Chickamauga Park, Georgia, without any medical or surgical supplies other than could be placed in a small iron box. When we reached our camp in Georgia the United States Government could give us no immediate assistance, so I appealed to the Governor, who out of his own pocket wired me a few hundred dollars with which to buy such supplies in Chattanooga as were imperatively needed. A few weeks later Dr. C. B. Burr of Flint visited the camp and to him I told again our woe, the almost total lack of supplies. Immediately upon his return to his home town he called a few of Flint's citizens together and wired me an additional sum. Thus supplied, our temporary needs were bridged over until the government was enabled to face the situation. When a little later the Leiter Hospital was established, I was asked to suggest a pathologist for the hospital. The place was offered to Dr. Thaddeus Walker, of Detroit, who accepted and rendered excellent service during the rest of the time the hospital was in operation. Good pathologists were rare in those days.

This is not the place to go further into the unpreparedness of the situation, to go into a history of the loss of our troops by disease, especially by typhoid fever, to go into a description of the unsanitary state of many camps, the unwholesomeness of much of the food; but the lesson was not lost to the Nation and served to strengthen its efforts to meet early in 1917 the exigencies which our entry into the World War demanded; demands so colossal that I believe it will be of interest here to record again the method by which the personnel of the Medical Department was recruited; for Michigan never faltered a moment; our state responded to the call to arms almost to a man; yea, even before our entry, medical men of Michigan were serving voluntarily with the English, French and Belgian troops.

At the fifty-third annual meeting of the Michigan State Medical Society at Battle Creek May 7, 8, 9, 1918, the method followed was thus placed on record by its president.

"Long before this country abandoned its neutrality to engage with our Allies in this world-wide conflict, members of the profession had offered their services to the fighting and devastated countries of Europe and the profession at home had begun to organize in anticipation not of conflict—for it was then universally hoped and prayed for that we would not be drawn into the war—but for humanitarian purposes. This was exemplified more particularly in the work of the Red Cross when the final draft governing the 'Regulations of the National Committee in Red Cross Medical Service' was approved May 3, 1916, by the special committee to which these regulations had been referred. Under their provisions state committees of nine physicians were appointed, three members each of which were selected by the president of the American Medical Association, the president of the Congress of American Physicians and Surgeons and the president of the American College of Surgeons (one to be the president of the State Medical Society). This committee was later merged into the State Committee of National Defense. Local committees were to aid for enrollment for service in case of war of those 'physicians willing to serve wherever needed, at home, abroad, in field, hospital, or supply columns or intelligence sections,' those 'willing to serve in the home country only' and those 'willing to serve at place of residence.'"

In April, 1916, a national committee was appointed by the above named presidents in addition to the president of the American Surgical Association and the president of the Clinical Congress of Surgeons of North America, to which committee was "delegated the responsible duty of formulating plans whereby the civilian medical resources of the United States might be ascertained and effectively coördinated for such purposes as might be referred by the Federal Government"; the president and the secretary of the state medical societies to be members of their respective state committees during their incumbency in office. "From the first it was contemplated that at the proper time the organization of committees would be perfected in each county of the country," the county committee "to bear the following distinguishing name, to wit, The Auxiliary Medical Defense Committee of ———— County of ———— State." These committees were to aid in gaining "needful information regarding the civilian medical resources of their own communities," and to aid "in the efforts to coördinate civilian medical activities for prompt mobilization in case of need; to secure applicants for the Army and Naval Medical and the Medical Officers Reserve Corps, the Coast Defense Reserve Corps of the Navy and for the National Guard."

By act of Congress, August 29, 1916, the Council of National Defense was organized "for the creation of relations which will render possible in time of need the immediate concentration and utilization of the resources of the Nation." During October of 1916, and even earlier, the Committee of American Physicians for Medical Preparedness began to take inventory of the hospitals of the country. The list is complete and rests within immediate reach of the offices of the Surgeons General of the Army and Navy. In a circular letter of February 16, 1917, the Director General (Department of Military Relief) of the American Red Cross coördinated the work of the Red Cross with that of the Committee of American Physicians for Medical Preparedness by making the committees of the two organizations "as far as possible identical in composition.". On March 5, 1917, a circular letter signed by the chairman of the Committee of American Physicians, the chief of Medical Section, Council of National Defense, and the medical member of the Advisory Commission of National Defense, urged "that the various state committees of the United States should more closely organize in order promptly to coöperate with the authorized national medical bodies and the established agencies of the Federal Government." Sub-committees in each county of 10,000 or more were organized to canvass and to establish as nearly as possible the status of every physician of less than 55 years of age as to his eligibility and desirability for a commission in the Medical Reserve Corps of the Army and Navy.

"To simplify the activities of the various state committees, reorganization by the General Medical Board was effected in May, 1917, these activities to be assumed by the newly named 'State Committee of the Council of National Defense, Medical Section,' and the committee 'considerably to enlarge its membership by the addition of new members who are for one reason or another necessary to its greater usefulness.' Let me pause here a moment to attest our sincere appreciation of the untiring, effective and patriotic labor of the member of our Society who, since the inception of the work in Michigan, early in 1916, has been chairman of the various committees, Major Reuben Peterson, M.R.C., of Ann Arbor, medical aide to the Governor of Michigan. I feel I voice the sentiments of the profession of the state and the country in extending our hearfelt thanks to him and am grateful for this opportunity of giving it public expression.

Physicians and surgeons of state, national and international renown, many of whom have since entered into active service, have served and are serving on these committees without thought of other remuneration than the consciousness of duty willingly and gladly performed.

Medical Examining Boards

"To examine the candidates for commission in the Medical Officers' Reserve Corps, Medical Boards were early appointed by the Surgeon-General and in this state established at Albion, Ann Arbor, Battle Creek, Detroit, Marquette and Sault Ste. Marie. To these boards has fallen the responsibility of the determination of the physicial and the mental fitness of the applicants. Upon their tact and judgment has rested the reliance of the Government in the formation of the personnel of the Corps.

"When the first draft was called, physicians in every county, village and city throughout the land freely offered their services to the Government as medical examiners. Their zeal and their work under the great difficulty of haste, inadequate quarters and lack of knowledge as to what constitutes fitness for military service have been praised again and again by the Provost Marshal General.

"Profiting by the experience of the first draft, the Government, when its second call was to be filled, requested the Governors of the several states to nominate the members of the newly created Medical Advisory Boards. These boards, selected by the State Committee of National Defense (Medical Section) at the Governor's request, are scattered throughout the state and are composed of three to seven physicians, trained in their several specialties, to aid in the great task of determining the physical and mental status of the registrants referred to them. Hundreds of thousands of young men have thus received careful, expert physical examination at great sacrifice of the time and energy of the examiners without expense to the Government."

Patriotic Committees

"Patriotic committees to provide social and financial aid to the family of a member in the service, where it may be necessary, and to secure a fund of sufficient size to meet the needs of the member upon his return; to safeguard his interest during his absence and to assist in the recovery of his practice on his return, have been formed in almost every county of the land. A great task has fallen upon the members of these committees, requiring tact, discriminative judgment and a sincere devotion to an ideal. The method of procedure probably varies in each state, but in Michigan it has been found advisable to leave the solution to the individual county, where the needs and wishes of the absent member are best known."

Hospitals, Colleges and State Boards of Health

"Great as has been the suffering of the smaller communities for the lack of physicians and severe the hardship imposed on those who have remained at home, not less arduous has been the task of the depleted staffs of the hospitals of the cities and the faculties of the medical colleges, depleted by the trained operator and the skilled physician and the trained and well beloved teacher. Yet ever in mind the sacrifices of those at the front, these tasks have been and will be unflinchingly borne by those who must remain at home.

"Profiting by the mistakes and experiences of Great Britain, this Government is already exercising a strong supervision over our medical schools, demanding in spite of the depletion of trained teachers that neither the quantity nor quality of the standards of teaching be diminished; demanding that each school shall fix and maintain its maximum of attendance, and bring its students to the highest point of efficiency and physical development for the service of their country; returning to his former registrant status the physically unfit for military service. Its whip is that the medical student is with few exceptions within the draft age and is held in the enlisted medical reserve during the whole period of his studies and his subsequent hospital year; and, should he fail, is returnable to his former status. To shorten the long periods of study somewhat the Government may determine that after October of this year [1918] every school hold a continuous course, thus saving the student one year in four. To this increasing obligation let us who teach also bend our energy.

"State boards of health have in every way possible coöperated with the Federal Government to lessen the inroads of disease into our national cantonments and I may be permitted to point with pride to the good work done by the Michigan Board with the coöperation of a governor who recognizes the value of health supervision. So good has been the work accomplished that it has received special mention from the Medical Department of the Army and has been held up to other state boards of health as an example of what can be accomplished.

"The great need of organization, an example of what preparedness has and may accomplish, is shown in the assistance the national state and county medical societies have rendered the Government in the enrollment for the Medical Reserve Corps of the Army and Navy and will render in the new call for 5,000 more medical officers. This alone has demonstrated the wisdom of the plan, and the privilege of rendering such service at this time of the country's great peril is sufficient reward for all the thought and labor expended throughout these many years."

The Work of Reconstruction and Rehabilitation

"Profound as will have been the influence of the war upon the social and political life of all nations, none less will it be upon medicine and surgery, and it behooves us all to keep active our medical organizations that we may keep abreast of the advances inculcated in those who will have enjoyed the privilege of service. Thousands of young men will have experienced the benefit of the service of highly trained medical officers, well equipped hospitals and trained nurses and will demand upon their return as high a degree of efficiency in their medical service. Already a few thousand of the sick and wounded have been returned and to these will be added thousands who are maimed and must be rehabilitated, and to these hospitals of reconstruction and rehabilitation, soon to be created and organized, must our most expert skill be directed. For this reconstruction, re-education and rehabilitation of our soldiers will lead to the reconstruction and rehabilitation in so far as possible of all disabled men, women and children that, after such devastations as are now being witnessed, the races may not perish from the earth. Thus the greatest problem of the age, the conservation of human energy, is unfolding itself."

Medical men who volunteered for service were assigned where they were most needed, to the camps and to the troops; base hospitals were organized and sent overseas and history will record their work as well done.

Of military surgeons who served at the front in the Civil War, very few served for the duration of the war, many enlisting for as short a period as three months. Some military surgeons reached their positions by starting as pharmacists or orderlies in camp hospitals, and advancing to the position of surgeon by learning the technic of their superior officers. Thus the youngest pharmacist's assistant rubbed elbows with the greatest physicians and surgeons of the time, and medical knowledge was disseminated as never before. But even the best of the surgeons at the time of the Civil War were without hospital experience as experience is considered today. They profited immensely by the enormous clinical work forced upon them.

It is interesting to consider the medical preparations the War Department had made in the event of war. The authority of the medical staff was very limited, supplies even more so. Funds had to be collected from private citizens to finance the purchase of the crudest and most essential supplies. Hospitals were large tents—nothing more. Not only were they devoid of the equipment that we take for granted in a modern hospital, but actually consisted of little more than a canvas roof, army cots, and a crude kitchen. When the Battle of Chickamauga was fought, a group of teachers and medical students of the University of Michigan left for the front to serve as army surgeons. In ninety days most of them had drifted back to college. The entire organization of the Medical Corps was just as casual, and depended upon the voluntary generosity of the medical profession for its effectiveness. Conditions were a little better during the Spanish-American War, but it was not until the World War that the medical side of army life received its due recognition.

Naturally, when the war was over, the medical men who had participated in the struggle received their reward in the way of public trust and esteem.

For this there were many reasons, not to stress the obvious and perhaps most important one, namely, public gratitude. Republics are said to be ungrateful; and certainly the medical men who participated in the World War cannot say that their patriotism has contributed greatly to their success in the past ten years. But after the Civil War the veterans formed a strong political alliance, which contributed strongly to the political and social success of its members. The badge of the Grand Army of the Republic or the Loyal Legion was in itself a recommendation to public office. And when one considers that the medical men represented a large proportion of those possessing a broader education, it is not to be wondered at that they were selected as leaders of their communities.

The influence on the practice of medicine of those who served in the late war cannot yet be estimated. So many served that it is doubtful if any personal advantage, as was undoubtedly the case after the Civil War, has been gained by any one. What prestige to the profession has ensued has been shared by all. Perhaps it is better so.

War Service of Calhoun County Physicians

By Wilfrid Haughey, M.D., Battle Creek, Michigan

THE medical profession of Calhoun County has not been backward in war service.

There were no doctors in Calhoun County during the War of 1812. In the Black Hawk War, Dr. A. L. Hays (*See* Page 784) served in the company from Calhoun County. No troops were called from Calhoun County for the Toledo War and no doctors served, as far as we find, in the Mexican War, though Dr. A. L. Hays was brigadier general of the militia organized some years previously. In the Civil War Dr. O. C. Comstock, Jr., of Marshall, entered as lieutenant, was promoted to captain in command of troops, and was killed in the battle of The Wilderness.† Dr. Samuel M. Holton of Battle Creek served as surgeon of the Second Michigan Infantry and was mustered out July 28, 1865. Dr. S. S. French of Battle Creek served as surgeon with the Sixth Michigan Infantry, later being transferred to the Twentieth Infantry. Dr. Milton Chase of Battle Creek, served as surgeon of the Sixth Michigan Infantry. Dr. Ennis Church of Marshall served as surgeon with the Ninth Michigan Infantry, later transferred to the Twenty-sixth. Dr. Willoughby O'Donoghue of Albion, served as surgeon of the First Engineers and Mechanics. Dr. Robert H. King of Albion, served as assistant surgeon and Dr. Henry Van Ostrand served as assistant surgeon of the same regiment. Dr. S. B. Thayer of Battle Creek, served as surgeon in Merrill Horse, the Sixth Missouri Cavalry. Dr. Thomas Egleston served as surgeon of the First Michigan Sharpshooters. Dr. C. J. Lane of Marshall, served as a hospital steward in 1861-1862, in the Transport Service 1864-1865, and in the United States General Hospital 1865-1866. Dr. A. W. Alvord‡ and Dr. W. E. Dockery both served during the Civil War and removed to Battle Creek later in life.

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†Dr. Haughey and the compiler have been unable to reconcile a difference which seems to hinge upon the designation "Jr." (See Volume I, Page 256, and Volume II, Page 239.) In Volume VII of "Michigan Pioneer and Historical Collections" it is recorded of *my* Dr. O. C. Comstock, Junior, that he had two sons who "yielded up their lives" in the Civil War. (C. B. B.)

In the Spanish War, Dr. Henry D. Thomason of Albion, served with the Thirty-first Michigan Infantry. He stayed in the service and so far as we know is still there. Dr. Jesse J. Holes served as a hospital orderly with Company D, Thirty-second Michigan Infantry. He returned, entered medical school and was graduated in medicine in 1904. Dr. Charles W. Ryan served as a private in Company H, Thirty-first Michigan Infantry, although he had graduated in medicine in 1896.

In the World War, Dr. A. C. McCurdy of Battle Creek, served in Italy and France as major and died in service in 1919, in France. Dr. A. A. Hoyt of Battle Creek, served as captain; Dr. Willard M. Putnam, Battle Creek, as captain, later major; Dr. R. D. Sleight, as captain; Dr. Wilfrid Haughey, as captain, later major and lieutenant colonel; Dr. Geo. C. Hafford of Albion, captain, later major; Dr. R. C. Stone, captain; Dr. C. G. Wencke, captain; Dr. James F. Case, major, later colonel; Dr. R. V. Gallagher, captain; Dr. James A. Elliott, captain; Dr. T. E. Kolvoord, captain; Dr. J. J. Holes, captain, later major; Dr. B. J. Holton, assistant surgeon U. S. N.; Dr. H. B. Knapp, captain; Dr. E. Van Camp, captain, later major; Dr. R. C. Winslow, major, later colonel, and Dr. L. H. Tower, lieutenant; Dr. C. W. Heald, Battle Creek, captain; Dr. A. H. Ross, Battle Creek, captain; Dr. Nelson Abbott, Marshall, captain; Dr. E. M. Chauncey, Albion, captain; Dr. C. W. Brainard, Battle Creek, assistant surgeon, U. S. N.; Dr. John Gage, Battle Creek, captain; Dr. A. J. Reed, Battle Creek, captain; Dr. W. R. Chynoweth, lieutenant; Dr. Harry F. Becker, lieutenant. These last two have located in Battle Creek later.

In addition the doctors now serving at Veterans Hospital No. 100 and American Legion Hospital served in the World War. However, they have located in Battle Creek since the war.

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‡Dr. Alvord was for a long time in charge of a smallpox hospital during the Civil War.[38]

Veterans of the Revolutionary War and Immediate Post-Revolutionary Period, in Michigan Medicine

By C. B. Burr, M.D., Flint, Michigan

DOUBTLESS the most illustrious figure in the above small group, is that of Dr. (and Judge) James Witherell who came to Detroit in 1808 under appointment by President Jefferson as one of the judges of the Supreme Court of the Territory of Michigan. (*See* Volume II, Chapter V.)

Dr. Ebenezer Hurd was Judge Witherell's sometime partner and married his daughter, Elizabeth Matilda. (*See* Volume I, Page 193.)

Dr. William McCoskry (*See* Volume I, Chapter IV) was with General Wayne's Army in 1792. Under appointment of Governor Hull in 1805 he was made surgeon of the First Regiment Legionary Corps (*See* Volume I, Page 103).

Dr. William Brown (*See* Volume I, Chapter IV) was in 1807 appointed "surgeon to the detachment under the command of Major Whipple."[30]

Dr. Ethan Baldwin was appointed surgeon and Dr. Bernard Parker, surgeon's mate of the Second Regiment Legionary Corps, organized under direction of Governor Hull in 1805. (See Volume I, Page 103.)[30]

Surgeons and surgeon's mates who accompanied General Wayne's Army on its way from Pittsburgh to Detroit, 1792-1796, included:

John Elliott, Surgeon.
Elijah Tisdale, Surgeon's Mate (resigned 1797).
C. Brown, Surgeon's Mate.
Joseph Phillips, Surgeon's Mate.[30]
John Scott, Surgeon.
Wm. McCraskey (McCoskry), Surgeon's Mate.
G. Bulfore or Balfour, Surgeon's Mate.[30]
John F. Carmichael, Surgeon.
James Clayton, Surgeon's Mate (resigned 1796).
F. Dales, Surgeon's Mate.
T. Hutchins, Surgeon's Mate.[30]
I. Sellman (Silmon).[30]
.... Boyd (killed in action 1793)[30]
Nathan Haywood (Hayward) (resigned May, 1796).[30]
B. I. Andrews.[30]
Thos. Farley (resigned 1798).[30]
Thos. J. Van Dyke (resigned 1806) was surgeon of Tennessee Volunteers, 1812.[30]
Wm. Lawton (cashiered).
John Coman (resigned).
Samuel H. Marlow (died 1795).
.... Allison (discharged November 1, 1796).[30]

Of the foregoing it is quite probable that Drs. Carmichael and Allison were with the army when Col. John Francis Hamtramck occupied the Post of Detroit, July 17, 1796.

In General Wayne's orders the surgeons are, as a rule, treated with consideration and so far as appears all escaped disciplining with the exception of Dr. Lawton, but the marvel is how any of the rest of the command got through. It was just one d—d court martial after another and the punishments left many a lacerated back for surgical emollients, as well as permanent vacancies in the ranks.

"I have flogged them," writes Colonel Hamtramck in 1794, "till I am tired. The economic allowance of one hundred lashes allowed by the Government does not appear a sufficient inducement for a rascal to act the part of an honest man." There is indeed evidence of his complete discouragement in the General Amnesty (Detroit, 1797) offered to "several privates seduced from the service of the United States when in a state of intoxication" and to all absenties [*sic*] if they will return "and make atonement."[30]

But midst the encircling gloom was paid from "Headquarters, December 14, 1795," by the Commander-in-Chief, this tribute:

> "His most grateful thanks are due to the Medical Department for their Unremitted Care, Attention and Humanity extended to the numerous Sick during the Alarming Malady and who under many Disadvantages have by their Profession, Knowledge, Exertions restor'd to the Legion in Prestine [*sic*] Health and Vigour, near 700 Worthy Officers and Soldiers in the Course of a few weeks."[30]

Dr. John F. Carmichael became post surgeon March 26, 1802; resigned June 27, 1804; died October 21, 1837.

His name frequently appears in "General Wayne's Orderly Book." He is directed to make hospital arrangements in August, 1792, and "inquire for two industrious, humane and honest *Matrons* to assist in nursing and cooking for the Sick; as their wages will be eight dollars per month, every care and attention will be expected from them."[30]

Dr. Charles Brown, surgeon in Levies, 1791; surgeon's mate, April 11, 1792; surgeon First Artillery and Engineers, June 2, 1794; honorably discharged, June 1, 1802, is ordered to "care for the Sick in Artillery Infantry and Rifle Corps and report to Dr. Carmichael who will immediately furnish him a Medicine Chest."[30]

Dr. Carmichael is directed to make inspection from time to time and make report to the Commander-in-Chief.[30]

Dr. Carmichael is directed that "the Whiskey part of the ration is to be retained from all and every of the Sick both in Hospital and Camp."[30]

Fine discriminations were made in the judgments handed down by the Courts Martial—"*Taking though not of stealing*† the horse of a friendly Indian, 50 lashes."[30]

"Setting [*sic*] down on his post and neglect of duty—50 lashes."

Repeated desertion—sentence to run the gauntlet through the Legion and return to duty.[30]

Desertion—50 lashes.

Desertion and reënlistment—To be hanged.

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†Italics are the reviewer's.

Desertion—To be hanged and these two to have their minds prepared by Rev. Dr. Jones "for the awful moment of their exit from this transitory world."[30]

Sleeping on post—100 lashes.[30]

Desertion—"Head and eyebrows shaved—to be branded on the forehead with the letter D, to be drummed throug [*sic*] the Camp with a Halter about his Neck and to be Dismissed the Service."[7]

Desertion—"Sentenced to receive 100 lashes at four different times, applied every other day."[30]

For riotously beating a woman kept by him "as a Mistress to the great injury of the Sick in the Hospital"—abusive language, words and gestures to Dr. Carmichael when requested to desist, mutinous conduct, insulting language to Ensign Drake—sentenced "to be reduced to the ranks" (he was a sergeant).[30]

For violating a rule and article of war—A sergeant sentenced to ask "Cornet Jones' pardon on the parade."[30]

For intemperance and imputing to Dr. Boyde and others a combination to destroy him by poison or assassination—Major John Smith to be "dismissed the service."[30]

Desertion—Sentenced to receive 100 lashes.[30]

Robbery and bringing whiskey into camp—100 lashes.[30]

Stealing a keg of whiskey—100 lashes and each to have his ration of whiskey stopped until a reimbursement of 1½ gallons be made to the Quartermaster.[30] (Not a great hardship when the allowance was 4 gills.)

Captain Isaac Ginon—for "refusing to obey the orders of Major Doyle to leave a certain woman and not taking her below the falls of the Ohio and for pointing to the Boat she was in and saying there she is and no Person shall take her out." Acquitted.[30]

Selling liquor without permission, Detroit, 1797—sentence "to be drummed with a bottle suspended about his neck with the Rogues march (together with Lydia Conner, a prisoner convicted of the like offense, his left hand tied to her right) through the Citadel in front of the troops paraded . . . thence out of the Fort to and along the Main Street; and out of the West or Southwest Gate of the town not to return therein." (Lydia to have a bottle suspended about her neck also.)

Dr. Carmichael's foot seems once to have slipped and his conduct in having wounded men of the Artillery and Cavalry "thrown into wagons" among spades, axes and picks came in for censure. Where he threw the Infantry wounded, if any, is not revealed. From the shadow, however, another physician emerged. This was Dr. Haywood who received thanks for his attention and humanity to the members of the Third Sub-legion—all of which has a familiar ring.

War of 1812 and United States Army Surgeons of About This Period

"The old town of Adamsville, in the southern part of the county, had a notable doctor in the early days in the person of Henry Follett. Born in New York in 1789, he studied medicine under private direction, served in the War of 1812 as Assistant Surgeon, and in 1836, with his family, made the journey in pioneer fashion from the East to his new home at Adamsville. Two years later he moved to a farm near the village, and in a combination of the two pursuits passed the remainder of his life, his death occurring in 1849."[11]

The following is an extract from a letter of February 26, 1927, from Brigadier General Lutz Wahl, Acting Adjutant General:

> "William Beaumont, born in Connecticut, was appointed from New York State, Surgeon's Mate, 16th Infantry, December 2, 1812; was transferred to the 6th Infantry January 30, 1813, and was honorably discharged the service June 15, 1815. He was appointed Post Surgeon December 4, 1819; Assistant Surgeon June 1, 1821; Major and Surgeon November 26, 1827, and resigned December 31, 1839. He died April 25, 1853."†

Dr. Abraham Edwards, born at Springfield, New York, in 1781, became an army surgeon in 1804 and served as such until 1812. That year he was ordered to Detroit as the head of the Army Medical Department. In 1813-1814 he was given charge of Quartermasters Stores at Pittsburgh and had attained the rank of major.

He returned to Detroit in 1815; was aide to Governor Cass in 1823 with the rank of colonel.

He was a member of the Ohio legislature in 1811. "President of the Board of Trustees" (Detroit), 1816-1817. From 1824 to 1831 he was president of the Territorial Council of Michigan and from 1831 to 1849, register of the Western Michigan Land Office.

He was a member of the Legislative Council for Wayne County 1824-1825 to 1828-1829, and from Lenawee County 1830-1831. He died in 1860 at Kalamazoo.[29]

Dr. Stephen Chambers Henry was a surgeon in the War of 1812 and was made prisoner at Hull's surrender. He was in 1824 a captain in the militia.[1]

Dr. Salmon King, born in Bennington County, Vermont, in 1784, "finding the rigid discipline of the parent irksome, left his home" at the age of fifteen and secured a position in his uncle's store in New Haven as clerk. He was not recognized as a relative at first, but confessed his identity after inquiry was instituted. After a year there he departed "for fresh fields of adventure," and was next found pursuing the study of medicine in Columbia, New York.

He married on completion of his course and entered the War of 1812 as army surgeon. He then located in Genesee County, New York, and from there "emigrated to the wilds of Canada." In 1833 he located in the village of Augusta and "built the first log house" which "was afterward remodeled and converted into a tavern."

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†*See* Volume I, Page 168 *et seq.*

In 1842 he "built the first frame hotel, in which, for years afterward, either he or one of his sons presided as landlord and dispensed good cheer to the weary traveler."

He was "greatly beloved"; his "practice was extensive," his charges "exceedingly liberal." It is said that "there was not a settler's cabin in the region of his home [in Augusta] during the first two decades of its history that he had not entered." His visits "were no less social than professional, and more cordial than the greeting to the family doctor was the welcome to the old and valued friend. Dr. King died in 1855, sincerely mourned by a devoted family circle and every individual who enjoyed his acquaintance."[16]

Dr. John S. Livermore was a delegate from Oakland County to the Second Convention of Assent in 1836 and represented Oakland County in the legislatures of 1839 and 1842.

"By occupation he was a physician, in politics a Democrat." He "was born in Sangerfeld, New York, January 12, 1801," and "was a volunteer in the War of 1812."† He located at Rochester, Michigan, in 1830, remaining there until 1848. He died at Fort Wilkins, Lake Superior, October 4, 1861.[29] (*See* Page 575, this volume.)

"George H. Rogers, U. S. Army," writes from Montreal May 12, 1813, in behalf of Dr. McKeehan who is ill and cannot get "anything to make himself comfortable."[30]

It seems that he was a surgeon's mate, and from Ohio. He was sent under a flag of truce to River Raisin to care for the wounded; was fired upon and himself wounded by the Indians. General Proctor to whose headquarters in Sandwich he was taken declared that his papers were a pretense to cover dishonorable discharge. A letter from him indicated that he was badly used.[30]

"I shall refrain, Sir, from pointing out what may be thought the proper atonement to be made on the cases described [by Dr. McKeehan] until your explanation is received," writes General John Mason, Commissary General of Prisoners of War, from Washington in August, 1813, to Colonel Thomas Barclay.[30]

Elijah Woodworth, "first resident of Leslie, Ingham County," among whose vocations and avocations was that of "Thompsonian doctor," declares in an inscription written by himself, for his own tombstone, that he "served in the War of 1812." (*See* Volume I, Page 331.)

An Assistant Surgeon Cameron is said to have been at Michilimackinac, January 24, 1813,[30] but his name does not appear in the list of "American Medical Officers who have served at Fort Mackinac" in an old book descriptive of Mackinac (Burton Historical Collection). Neither does the name of

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†Drummer boy? Soldier?

Dr. David Mitchell of whom much elsewhere (*See* Volume I, Chapter IV), for that matter. Like Dr. Mitchell he was a British surgeon.

The names of physicians at or about that period there recorded are:

1802—Francis LeBarron, Surgeon's Mate.
1810—Sylvester Day, Garrison Surgeon's Mate.
1815—William Hening, Surgeon's Mate.
1816—Edward Purcell, Hospital Surgeon's Mate.
1817—Albion T. Crow, Hospital Surgeon's Mate.
1819—Joseph P. Russell, Post Surgeon.
1819—William S. Comstock, Surgeon's Mate.
Next appears Beaumont's name under date of 1821.

After the disagreeable surrender of Detroit by Hull in 1812, and the abandonment of Fort Dearborn (Chicago) on his advice, among those massacred in the latter garrison was Surgeon Van Voorhis.[26]

Dr. Albion T. Crow was a native of Maryland; was appointed hospital surgeon's mate July 1, 1816, and, as we have seen, served the following year at Mackinac. He was honorably discharged April 14, 1818, and moved to Illinois.

Concerning Dr. Crow General Cass wrote to the Secretary of War, June 19, 1819, as follows:

> I am informed that the late change in the Staff of the Army had caused Dr. Crow, Hospital Surgeon's Mate at Michilimackinac, to be left out of service. I deeply regret this change and feel extremely anxious for his appointment under the recent Act of Congress.[30]

At Michilimackinac in 1825 was Richard S. Satterlee as assistant surgeon, and in 1827 E. James, as assistant surgeon.

In 1830, Dr. James, then post surgeon at Fort Mackinac, published a narrative of the captivity and adventures of John Tanner known as the "White Indian." In 1883 this work was rewritten by Dr. James McCauley, modernized and popularized into a genuine Indian story of the day for boys.†

One of the early U. S. Army surgeons in Detroit was Dr. Benjamin Delevan, or De Lavan, born in the State of New York.

He was appointed surgeon's mate, post surgeon, major surgeon, the last appointment January 27, 1823. Four years later his death occurred.

He was stationed in Detroit and at one time was quite popular, but was accused by some of his patients of revealing family secrets. He acted as surgeon at the duel between Otis Fisher and John Farley which took place in Sandwich, Canada, was indicted by the Grand Jury in Detroit, but escaped because the duel took place in Canada.[30]

He was evidently regarded highly by General Cass as the following private letter to the Secretary of War, John C. Calhoun, indicated.

> Detroit, Octr. 16, 1818.
>
> Sir:
>
> I understand that an order has been recently issued prohibiting Surgeons in the Army from engaging in any private practice, unless authorized so to do by the Secretary of War.

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†I understand that the title of this book "put forth in a flaming binding of green and gold" was "Grey Hawk—Life and Adventures among the Red Indians." (C. B. B.)

To procure this permission in a particular case is my object for troubling you at this time.

Dr. Delevan, a post surgeon in the army, stationed here, has professionally attended a number of families in this Town, by whom his services and talents have been highly appreciated, and to whom he has been singularly useful. His benevolent exertions have been in all cases gratuitous, and I feel anxious that they should be continued.

I can state with confidence that his publick duties are rigidly fulfilled, nor is any private call permitted to interfere with them. The principle of practicing without fees among the Citizens will prevent any improper extension of this branch of his business.

I need say nothing of the value of a good Physician to a family nor of the natural regret, which would be felt at losing him. Dr. Delevan is willing to continue his private practice, if your permission for that purpose can be obtained. If on reflecting upon this subject, you should think that acceding to this request would not interfere with the public interest, I should feel greatly obliged by the necessary permission being granted to Dr. Delevan.

Very Respectfully, Sir.
I have the honor to be
Yo. mo. obt. Servt.

Later he writes:

Detroit, Dec. 7, 1818.

Sir:

The bearer of this letter, Dr. Delevan, is a Gentleman, with whom I am intimately acquainted, and in whose personal success I feel deeply interested.

He is at present in the Army, but wishes to exchange that situation for some civil appointment.

Should any vacancy occur, which from its local position and the nature of the office he would be inclined to accept, I can safely recommend him to you, as deserving the patronage of the Government. I know him well, and can pledge myself for his integrity and intelligence.

Very Respectfully, Sir.
I have the honor to be
Yo. obt. Servt.[30]

At the time of the correspondence he was post surgeon at Detroit. General Cass, so far as history reveals, was not a gullible individual, and it appears safe to discount the gossip of "some of [Dr. Delevan's] patients."

The date of the "duel" is not given. Had the extreme sensitiveness of the Grand Jury any relation to the Burr-Hamilton episode? Apropos this, Judge Wilkinson, of Louisiana, implicated, or said to have been, with Burr in ambitious schemes was a sometime student of medicine. He might just as well have continued in this creditable profession.

An interesting anecdote of Dr. Delevan revealing forceful methods of treatment for what was apparently hysterical ineptitude, has been told by the late Sylvester Larned of Detroit. (*See* Volume I, Page 195.)

Dr. Marshall Chapin served as "American Garrison Doctor" (Detroit) under appointment by General Cass from 1819 to 1838.

From 1831 to 1850 there served as "Assistant in the Medical Department," Michilimackinac: Robert McMillan, 1831; Charles S. Frailey, 1833; George F. Turner, 1833; Erastus B. Wolcott, 1836; Henry Holt, 1841; Levi H. Holden, 1843; John Byrne, 1844; Charles C. Keeney, 1845; J. Martin, 1846; Joseph B. Brown, 1849.

Records reveal that:

"Charles Carter Keeney, born in New York, was appointed from Michigan as assistant surgeon, July 12, 1842; that he was honorably discharged September 23, 1842; that he was reappointed assistant surgeon, March 19, 1845; was appointed major and surgeon, June 23, 1860; was appointed lieutenant colonel and medical inspector and served in that capacity from June 11, 1862, to October 31, 1865. He was appointed lieutenant colonel and surgeon, June 26, 1876; colonel and surgeon, June 30, 1882. He was brevetted lieutenant colonel, March 13, 1865, for faithful and meritorious service during the war. He died January 30, 1883. It appears that he was stationed at Fort Gratiot, Michigan, from December, 1848, to June, 1851.†

It is doubtless of the same person "Dr. Charles Keeney" of whom Friend Palmer writes in "Early Days in Detroit" that "he studied medicine with Dr. George B. Russell and Dr. Terry. He was a pleasant, genial fellow, an untiring medical student and ranked among the first in his profession."

The name of Dr. ——— Wood, U. S. Army, is contained in the Detroit Directory of 1846. (*See* Volume I, Page 311.)

Dr. Zina Pitcher was a U. S. Army surgeon in 1822 and stationed at a Western post. (*See* Volume I, Page 196.)

Dr. H. D. McCullough who witnessed the assassination of King Strang, with what might have been termed, by Osler, *Aequanimitas* (*See* Volume I, Page 325), was a sometime U. S. Army surgeon.

Mexican War

Dr. Charles L. Bostick, of New Troy, was a veteran of the War with Mexico and was a member of the Executive Committee of the Michigan Association thereof. He sent regrets for non-attendance at the meeting of the association in 1878 in Detroit.

Dr. Crow commanded a company of volunteers in the Mexican War. He died in 1851. (*See* preceding section of this chapter.)

Charles Stuart Tripler, born in New York, was appointed from that state assistant surgeon, October 30, 1830; was appointed major and surgeon, July 7, 1838, and died October 20, 1866. He was brevetted November 29, 1864, colonel, and brigadier general March 13, 1865, for faithful and meritorious service during the war. He was on duty with the Third Infantry at Natchitoches, Louisiana, from December, 1830, to March, 1831; post surgeon at Fort Towson, Indian Territory, to January, 1834; on leave to May, 1834; post surgeon at Hancock Barracks, Maine, to September, 1835; at Fort Sullivan, Maine, to July, 1836; in Florida, in the campaign against Seminole Indians to August, 1837; on duty in office of Surgeon General at Washington, D. C., to October, 1837; at Fort Sullivan, Maine, to November, 1837; in Florida to May, 1838; with the Fourth Artillery engaged in removing Indians to the Cherokee Nation, to September, 1838; with Second Artillery at Buffalo, New York, to October, 1838; in Florida in campaign against Seminole Indians to December, 1839; in the military occupation of Texas and in the War with Mexico to April, 1848, being on duty as chief surgeon of General Twiggs' division from January to September, 1847, and on duty organizing and in charge of the general hospital in the City of Mexico to April, 1848. He was on duty at Detroit, Michigan, May to June, 1848; at Jefferson Barracks, Missouri, to November, 1848; post surgeon at Detroit Barracks, Michigan, November 22, 1848, to July, 1851; at Fort Gratiot, Michigan, to June, 1852; with the Fourth Infantry en route to the Pacific Coast to September, 1852; medical director Pacific division to January 1, 1854, and of the Department of the Pacific, to January 5, 1856; en route to New York and on leave to May 14, 1856; post surgeon at Newport Barracks, Kentucky, to April 30, 1861; medical director, Department of Pennsylvania, to August 13, 1861, and of the Army of the Potomac to July 14, 1862; on duty in Detroit, Michigan, to March, 1864; at Cincinnati, Ohio, as medical director, Northern Department, to July, 1865, and at Detroit, Michigan, of the Department of the Ohio (in New York, president of the Army Medical Board, September, 1865, to February, 1866), to August 23, 1866, and of the Department of the Lakes until he died at Cincinnati, Ohio, October 20, 1866.†

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†Letter from Brigadier General Lutz Wahl, Adjutant General's office.

Dr. Tripler's name appears in the Detroit Directory of 1846. (*See* Volume I, Page 311.)

Here and There Among the Early Medical Soldiers

Dr. William S. Madison, surgeon of the Third Infantry, was murdered May 14, 1821, by a skulking Chippewa Indian.[30]

Dr. Lewis F. Starkey was for a time surgeon in the Navy. He came to Detroit in 1836, to Kalamazoo the following year; was state senator in 1842.[16]

Dr. Harry Conant of Monroe (1790-1851) was appointed by Governor Woodbridge in July, 1826, surgeon of the Second Regular Territorial Militia.

He "was a man of strong character, firm to a marked degree, yet winning friends wherever known by his sterling integrity, gentleness and intellectual culture." He was surgeon on the staff of General Cass. (*See* Volume I, Page 268.)

Dr. Silas R. Arnold (1810-1875) educated at Little Falls and Albany, entered the service of the United States as assistant surgeon in 1837 and was stationed first at Fort Dodge, Florida, then at Sault Ste. Marie. He resigned and in 1840 entered upon practice in Monroe, where he was highly successful.[19]

At Michilimackinac from 1850 to 1862 there were stationed:

1850—Charles H. Lamb, Assistant, Medical Department.
1852—Joseph H. Bailey, Captain, Medical Department.
1854—Charles H. Lamb, Assistant Surgeon, Medical Department.

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†From the War Department records, Brigadier General Wahl's letter, Adjutant General's office.

1856—John Byrne, Assistant Surgeon, Medical Department.
1858—John F. Head (Hood?), Captain, Medical Department.
1859—William A. Hammond, Captain, Medical Department.
1860—A. Hartsuff, First Lieutenant, Medical Department.
1862—Charles W. LeBoutillier, Assistant Surgeon.

William A. Hammond, whose name appears above, was later Surgeon General of the United States. He was, I believe, court martialed for misappropriation and dismissed from the service, but later the disabilities were removed and he was reinstated. He eventually located in the City of New York; was one of the earliest neurologists in this country. In the eighties he carried on a piquant and acrimonious controversy with Dr. John P. Gray, superintendent of the (then) Utica Asylum.

"The loss of no other man has been so keenly felt in the community as that of the whole-souled, big-hearted, genial gentleman, Dr. Edward Snow. No one had a wider or warmer acquaintance; no one was a more welcome visitor and no one brought more sunshine and hope into homes sometimes darkened with the dreaded shadows. His life was one long benediction, and fortunate were the people of Dearborn to have so broad-minded and liberal a man as their medical adviser.

"Dr. Snow was born in Austinburg, Ashtabula County, Ohio, July 5, 1820."

He attended Grand River Institute and was graduated in the class of 1842; "taught school for two years at Palmyra and Jefferson, Ohio, and then read medicine with his old friend, Dr. O. K. Hawley, at Austinburg, and in 1847 graduated from the medical department of the Western Reserve College at Cleveland. That same year he came to Dearborn and was acting assistant surgeon for one year to the Detroit Arsenal, then actively used by the government. After some interval he was reinstated in the same position in 1852, by Jefferson Davis, then Secretary of War, and so served until the arsenal was dismantled. He early became interested in military affairs and was a member of the First Rifle Regiment, Second Brigade, Ohio Division, and served as its adjutant for two years."

"He was one of the best known physicians; and was one of the well-remembered members of the Wayne County Medical Association. Always alive to the advancement of literary and educational tastes, he, in 1874, was elected president of the Dearborn Literary Society, . . .

"Dr. Snow passed away July 18, 1892, after a protracted illness, in which the amiable and Christian spirit shone forth as never before. At that time but one other physician in the state had been in practice so long."[26]

Dr. George A. Harding of Sault Ste. Marie, a graduate of the medical department of the University of Michigan in 1878, died November 22, 1884, of typhoid fever. "Few men possessed in so large a degree the many qualities of head and heart that go to make a skillful and popular physician," writes D. W. B.[27]

He had held among other offices that of president of the village; was acting assistant surgeon, U. S. A., at Fort Brady and surgeon for the Marine Hospital service at Sault Ste. Marie.

Dr. C. Carvallo served as U. S. Army surgeon, Fort Gratiot, as did also Dr. M. K. Taylor and Dr. C. H. Alden. (*See* Volume I, Page 441.)

Dr. Joseph Adolphus, an eccentric character of Carlton, spent five years in the Naval service. (*See* anecdote, Volume I, Page 387.)

Black Hawk and Toledo "Wars"

Of the valiant medical participants in these conflicts or near-conflicts not a little appears in the earlier chapters of the previous volume. Among these were Dr. M. A. Patterson of Tecumseh (*See* Volume I, Page 207) and Dr. J. L. Whiting of Detroit (Page 187).

Dr. Patterson was in 1829 secretary of a meeting at which General Cass made a short address showing the importance of organizing and appointing officers for a regiment of soldiers. "This company in 1832 marched to Niles, fought with Black Hawk Indians on the outskirts of Coldwater prairie. With discipline and undaunted bravery it maintained our rights near the Ohio line and among chickens and potatoes in the disputed lands near Toledo in the year 1835; also in Mexico in 1847; and again in the War of the Rebellion from 1861 until 1865 when the United States was deluged with blood and every house was one of mourning."[30]

Reference to Dr. Tracy Southworth, Dr. Naaman Goodsell, Dr. Jacob Clark, Dr. William Smith and the Toledo War is made in Volume I, Page 294.

Dr. J. L. Whiting was appointed in 1818 surgeon of the First Militia Regiment and held the appointment until 1832 when the Black Hawk War broke out.[30]

"A Dr. Hurd, who came here in 1819, was very anxious to displace me . . . the fact was he had been rather unsuccessful in Detroit and the pay was an object to him as much as the prestige was to me." Dr. Hurd's ambition went glimmering. "We got marching orders," continues Dr. Whiting, "and had gone about fifty-five miles in the direction of Illinois when we received an order to turn back. . . . I regret to say" that (in addition to failure to distinguish themselves on the field of glory) the time spent was "also too short to qualify any of us for the 160 acres of land which every patriot had in his eye. I didn't have an opportunity of physicking a single combatant before the whole business was over."[30]

Dr. Whiting "saw service at different times with the United States troops at Saginaw and Detroit."[1]

Dr. Alonzo Cressy was representative from Lenawee County in the legislature in 1837 and senator from the Fifteenth District, 1855-1856. He came to Clinton, Michigan, in 1831.

He accompanied as far as Chicago a detachment of troops sent to the Black Hawk War and treated many cases of cholera among them.[29]

Dr. Andrew L. Hays was a representative from Calhoun County in 1845. Born in New Hampshire in 1803, he came to Michigan in 1829, settled in Marshall in 1831. He was a Democrat in politics; "the first physician in Calhoun County"; was "made brigadier general by Governor Mason and took part in the Black Hawk and Toledo Wars." His son was "the first white boy born in Calhoun County."[29]

Dr. William B. Beeson, of Niles, came to Niles, "at the age of 19, in 1825, and died, at the age of 64, in 1870. He gave up the practice of medicine at a very early date, choosing a commercial life instead. He enlisted in the Black Hawk War, however, as a physician, and was a graduate from a college in Pennsylvania." (Extract from a letter written by Mrs. Minnie W. Beeson, Niles.)

Dr. Richard E. Morse came to Ypsilanti from Otsego County, New York, in 1833 and engaged in the practice of medicine.

"He was a surgeon of the Michigan forces in the 'Toledo War' "; was postmaster of Ypsilanti, 1837-1841; U. S. Consul to Curacoa, 1862-1865; representative in the legislature from Washtenaw County, 1835-1836.[29]

"He was a Democrat until 1861," says the biographical sketch. Like many another good physician he was thereafter a Republican.

Dr. David E. Brown of Schoolcraft was a colonel in the Black Hawk War. (*See* Volume I, Page 208.)

Dr. David E. Weeks (*See* anecdote, Volume I, Page 194).

Dr. Jeffries of Howell served "on the staff of General Davis," Michigan State Troops, in the "Toledo War." (*See* Volume I, Page 275.)

Service in Foreign Countries

Dr. Herman Melchior Von Eberts (*See* Volume I, Chapter IV) came to America with a Hessian regiment.

Dr. Herman Kiefer was in the German Revolutionary Army. (*See* Volume I, Page 501.)

Dr. Alfred E. Fechet, of Port Huron, was in the French Military Service in Algiers; was forced to flee because of a conspiracy with which he was connected, to restore the Bonapartes. (*See* Volume I, Page 297.) He saw service in the Seminole War.

Dr. William Bell, later of Port Huron, was an assistant surgeon in the British Army and at an early day located at the Canadian Sault. (*See* Volume I, Page 299.)

Dr. Charles T. Southworth was for a time surgeon in the Mexican Army. (*See* Volume I, Page 344.)

Dr. George Henry Wildberger (1840-1883), born in Bavaria and a graduate from Wurzburg, 1865, was a surgeon in the German Army during the Franco-German War. Before this time he was director of an orthopedic institute, Bamburg; had had a large hospital experience, and in Grand Rapids where he located in 1875, "soon gained a large practice principally among those of German descent." His death resulted from diphtheritic paralysis of the heart.[12]

Dr. Eliphalet Gustin Edwards, born in London, Canada, in 1833, a graduate from McGill, Licentiate College Physicians and Surgeons L. C., 1866, came to Grand Rapids in 1887 after thirty-two years of practice in London and vicinity.

He was for thirty years surgeon of the Eighth Battalion Middlesex Militia.[12]

Dr. Charles R. Wendt, born in Saxony in 1848, a student at Leipzig, was for a time a volunteer on the medical staff of the German Army. He was graduated in 1873; arrived in New York, March 9 of that year, practiced in Galien, Berrien County, for five years, in Lansing for a time, then in Jackson.

He was coroner of Jackson County, 1884-1886, a member of the German Workingmen's Relief Society, the A. O. U. W., the Michigan Landwehr, the Turnverein and Harmonie Societies.

Medical Veterans of the Civil War

Somewhere in this history there is a record of one physician *(only one)* having "bought a substitute." It strikes the compiler that this isolated instance of patriotic medical service, by proxy, is for that very reason deserving of especial mention.

An amazingly large number of pioneer and early physicians of Michigan had prominent part in the Civil War. Their hearty response to call to the colors is among the most gratifying subjects for the medical historian. Numbers there were who enlisted in the ranks in youth and found their future vocation through service as hospital stewards and in minor capacities in the care of the ill and wounded. There, showing special aptitude, not a few who had had no degree and at most, previous to enlistment, brief study under a preceptor or one term of medical instruction in college, received promotion to assistant surgeoncy and even eventually to the rank of surgeon. In other chapters, especially on "Medical Education" and "Pioneer Physicians" (Volume I) appear the names of several who distinguished themselves in military service. Of those not mentioned elsewhere who served in the great conflict during the critical years of '61 to '65, brief records follow. Doubtless and regrettably there are names of deserving ones which have not been discovered.

The succeeding biographical sketches are extracts from, or abstracts of, material derived from sources indicated by the reference numbers.

Among the young men was Dr. Giles B. Allen, born in Freedom, Washtenaw County, in 1843, educated at Ann Arbor High School and Lodi Academy, who enlisted in Company F, Sixth Michigan Infantry, in 1861, and remained in service until honorably discharged as sergeant major in 1864. Returning he entered the medical department of Michigan University; was graduated therefrom in 1867; practiced in Grass Lake, Jackson County, then in Charlotte. He was alderman for four years, member of the board of education for six years in Charlotte; represented Eaton County, second district, in the legislature of 1895-1896; was president of the Board of Pension Examiners during the Harrison administration.[29]

Marker on Site of Home of Austin Blair
of Jackson, War Time Governor
of Michigan, 1861.

Dr. Bradley B. Anderson enlisted in Company C, Ninth Michigan Infantry, in February, 1865, and was discharged with the regiment in the following September.

He located in Jackson after graduation from Hahnemann College, Chicago, and a biographical album of Jackson County "would be incomplete" if it failed to include his name.

Dr. Anderson was a Baptist as was his cultured wife, who possessed intellectual attainments fitting her for his companionship. He advocated temperance principles and was in 1890 a Republican.[34]

Dr. Edwin Amsden studied with Dr. Austin Flint at Buffalo and graduated from Buffalo Medical College in 1853. He served three years in the Civil War as surgeon of the 136th Regiment, New York Volunteers. He came to Allegan in 1868 and entered into partnership with Dr. A. R. Calkins.[7]

Dr. Josiah Andrews, born at Metz, New York, graduated from Fairfield Medical College in 1838. He settled in Paw Paw; was commissioned in 1861 surgeon of the Third Michigan Cavalry and served until 1864 when he was made staff surgeon and transferred to the Army of the Potomac. He returned home in 1865 to a successful practice. He was Collector of Internal Revenue from 1869 to 1873; represented Cass and Van Buren Counties in the legislature of 1846. His death occurred in 1886.[29]

Dr. H. C. Andrus, born in New York State in 1832, for twenty-eight years "a successful clairvoyant medium" and holding "many flattering testimonials from the recipients of his wonderful healing art," enlisted in the Army of the Cumberland in 1862 and the greater part of the war was stationed at Nashville, Tennessee.[23]

A clairvoyant would, quite naturally, be able to dodge bullets.

Dr. Abel S. Austin, of Fowlerville, born in 1835 in the State of New York, came west in the fall of 1856. He studied medicine in 1859 and 1860 at the University of Michigan and in 1865 was graduated at Cleveland Medical College.

He was assistant surgeon with the Army of the Cumberland.

Returning from the army he practiced in Byron and Fowlerville, and in 1891 had "one of the most beautiful homes" in the latter place. His son, Arthur, was a student with McGraw and a graduate from the Detroit College of Medicine. He practiced first at Greenville, then with his father in Fowlerville.

"No horse in the county has ever had so fine a record as 'Nestor' "—owned by Dr. Austin.[33]

The parents of Dr. John Avery, born in Watertown, New York, in 1824, came to Michigan when he was twelve years of age. He was educated in the common schools and at Grass Lake Academy; studied medicine with Dr. William B. Watson of Duplain, Clinton County; was graduated from Cleveland Medical College in 1850[29] He located in Owosso in partnership with Dr. J. B. Barnes. Five years later he became associated with Dr. D. W. Bliss in Ionia.

He was appointed assistant surgeon to the Twenty-first Michigan Infantry in 1862 and promoted to surgeoncy the following year; remained in the army until the close of the war; was present at the battles of Perryville, Stone River, Lookout Mountain, Chickamauga and Bentonville, and with Sherman on the March to the Sea. He practiced in Otisco from 1865 to 1867, when he removed to Greenville.

He served as alderman and a member of the school board, Greenville; was in 1868 elected to the Michigan legislature.

He was president of the Northern Medical Association in 1881. At an early period he operated for ovariotomy and "twice successfully ligated the common carotid artery."[14]

Assistant Surgeon Joseph H. Bachelor, St. Johns, was commissioned hospital steward, 1864, mustered out the following year.[21]

Assistant Surgeon Cyrus Bacon, Detroit, was commissioned in the Seventh Regiment, Michigan Volunteer Infantry, August 22, 1861; resigned May 6, 1862; appointed assistant surgeon in the Regular Army July 3, 1862; died September 1, 1868.

Dr. John H. Bacon of Lansing, was assistant surgeon Fourth Michigan Cavalry.[36]

Dr. John Read Bailey was born in New York City, July 23, 1833, and was the oldest son of Captain Joseph H. Bailey, U. S. Army Medical Corps. From 1834 to 1850 during the Florida and Mexican wars his father was stationed in Arkansas and Indian Territory. The family were on a plantation worked by slaves near Fort Smith, Arkansas. From 1852 to 1854 they were at Fort Mackinac. John R. graduated from the medical department of the University of Michigan in 1854 and was appointed acting assistant surgeon, U. S. Army, Fort Mackinac, and Indian physician, Michilimackinac agency. Since 1854 he has been post surgeon over twenty times; also at Fort Snelling, Minnesota, and Fort Hamilton, New York. In June, 1861, he formed a company and "either with sword, musket or scalpel" proffered to Governor Blair his services, which were accepted. Events directed him to St. Louis, Missouri, to assist his mother in influencing his father and brothers to side with the government, and father, four sons and two sons--in-law served in the Union Army. He was commissioned surgeon of the Eighth Missouri Infantry and brevetted lieutenant colonel, U. S. Volunteers, serving on the staff of General William T. Sherman and others, and as chief of several general and many field hospitals; was special medical purveyor of the Army of the Tennessee. Dr. Bailey was a resident of Mackinac Island for fifty years. He was deeply interested in historical study particularly that pertaining to Mackinac Island and contributed an interesting article on "The Province of Michilimackinac."[30]

He wrote a book on "Old Mackinac" and a story of the Indian Chief Blackbird. His death occurred in 1910.

Dr. Charles F. Baker was born in Steuben County, New York, in 1829. "In 1852-1853 and 1853-1854 he attended the medical department of the University of Michigan at Ann Arbor, from which he graduated March 30, 1854. December 4 of the same year he located in Decatur, Michigan, and commenced the practice of medicine. He has since resided at that place, with the exception of the time spent in the army during the War of the Rebellion, when he served as contract surgeon, and was assigned to duty at Post Hospital, City Point, Virginia, General Grant's headquarters. He was on duty at that place when Petersburg and Richmond were evacuated by the rebels, and also when General Lee surrendered his army to General Grant, and returned to Washington on the memorable fourteenth of April, 1865—the day of President Lincoln's assassination."

"He has been president, vice president, and censor of the Van Buren County Medical Society, and has served as health officer of the village and township of Decatur ever since the law establishing that office has been enforced; was surgeon to the Michigan Central Railroad at that place; in politics a Republican."[9]

"At the breaking out of the late [the Civil] war Dr. [Henry B.] Baker was teaching school in Southern Illinois. He began the study of medicine with Dr. I. H. Bartholomew, at Lansing; attended medical lectures and pursued the study of chemistry in the University of Michigan in 1861-1862. In the summer of 1862, unable longer to resist the zeal of patriotism, he enlisted in the Twentieth Michigan Infantry, in Company A, composed of young men from the State Capitol and others of Lansing. He served during the first two years as hospital steward, and in the last year as assistant surgeon. In the first two years he gained much practice and valuable information in surgery as assistant at the operating table whenever and wherever there were battles in which his division was engaged. He was present at about every battle in which his regiment took part. At the close of the war he was honorably discharged and returned to Lansing, where he continued medical study."[33]

Henry B. Baker, A.M., M.D., for many years secretary of the Michigan State Board of Health, was born in Brattleboro, Vermont, in 1837. At the age of twelve he came to Michigan with his stepfather, who settled in Bunker Hill township, Ingham County, and in 1850 in Mason.

He served with distinction in the Civil War. Thereafter he was a student at Bellevue and was graduated therefrom in 1866. He practiced with Dr. I. H. Bartholomew of Lansing, then in Wenona (West Bay City); returned to Lansing in 1870; was appointed member of a committee of the State Medical Society to collect and tabulate vital statistics; brought forward a bill to create a State Board of Health "which at that time was an innovation, there being only one or two states in the Union . . . thus supplied." He was engaged in the office of the Secretary of State, in vital and general statistics of Michigan upon which were based later remarks by Hon. William A. Howard in an address at the Capitol corner stone laying which contrasted the then resources of the state with a previous report to Congress that "there was no land in Michigan fit for cultivation, it being one vast swamp."

The State Board of Health was established in 1873 and effort was afterward made, at Dr. Baker's instance, in Congress, for a national board, but this failed.

He was throughout the years of active work the author of numerous papers on climatologic and health subjects, as well as yearly reports, and frequent addresses at sanitary conventions held in various cities of Michigan. (*See* references again and again in this history.) The bibliography of his writings is too extensive for publication herein.

He was a member of the American Public Health Association, an honorary member of several medical societies; was vice president of the American Social Science Association. He was identified with the Masonic fraternity and social clubs in Lansing.[33]

The State of Michigan owes much to his untiring zeal and enthusiasm in public health activities. (C. B. B.)

Dr. Warren Baker, an eclectic, a graduate from the College of Physicians and Surgeons in Buffalo, in 1870, enlisted August 26, 1861 in Company C, Twenty-ninth Ohio Volunteer Infantry, served two years in the Twelfth Corps Army of the Potomac. He was "veteranized after the Battle of Lookout Mountain"; was with Sherman in the March to the Sea.

He practiced in Ohio, then Grand Rapids, then Jackson.[15]

Dr. William A. Baker, born at New Pittsburg, Wayne County, Ohio, was brought up on a farm.

At the age of seventeen he enlisted in the 102d Ohio Infantry and later in the war served in Company K, 178th Ohio.

Returning from the army he attended an academy in Canaan, Ohio; was educated in medicine at the University of Michigan and at Rush College, Chicago.[29] (*See* Chapter V, Page 232.)

Dr. James Ball, born in Cortland County, New York, a graduate of Fairfield Medical College, came to Homer, Calhoun County, in 1842. Ten years later he became a resident of the State of Iowa, and remained there eleven years in practice.

During the years 1864-1865 as surgeon, he served with General Sully's command against the Indians in the Northwest. He was mustered out of the United States service at Sioux City, Iowa, and arrived in Wayland in December, 1865, where he still continues practice (1880).[7]

Dr. Hiram A. Barber of Hastings "is a thorough believer in the principles of the homeopathic school and has met with great success in applying them, thus restoring to health many sufferers and removing a burden from the minds of hosts of those to whom the sick were dear."

His parents came to Clinton County in 1839, took up land, chopped away fallen trees and underbrush, built a log house in the depths of the forest, endured great hardships in their pioneer home.

Dr. Barber was born in 1845 and acquired a common school education, in part through teaching. At the age of 19 he enlisted in Company I, Fourth Michigan Infantry, with which he served until the close of the Civil War. He then entered the medical department of the University of Michigan. In 1870 he was graduated from Hahnemann College, Chicago. He practiced in Nashville, later in Hastings.[31]

Dr. Hiram H. Bardwell, whose death occurred many years ago but whose name is still a pleasant memory among the old families of Flint, was born in the township of Burton, Genesee County, April 2, 1839.

Extracts from a biographic notice in Volume I of "Michigan Biographies" follow.

He enlisted in Company K, Twenty-third Regiment Michigan Volunteer Infantry. At the termination of service in the army he studied medicine at the University of Michigan in 1865-1866, then at Rush College where he was graduated in 1869. He enjoyed a large and lucrative practice in Genesee County and conjoined with this the development of a valuable farm.

He was township superintendent of schools, justice of the peace, councilman for five terms, president for two terms and health officer of the village of Mt. Morris. He represented the Second District of Genesee County in the legislatures of 1885-1886 and 1887-1888.[29]

His death occurred in Flint, where he had been some time in practice.

Dr. George Barnes of Washtenaw County, was assistant surgeon, Ninth Infantry.[23]

Dr. Simon Z. Barney of Grand Rapids, was an "ex-soldier and botanic and eclectic physician."

He was born in 1846 in Oakland County, relinquished medical studies under private tutors "on the call to arms in defense of his nation's flag."

He enlisted September 6, 1861, in Company E, Thirteenth Michigan Volunteers and was with the Army of the Cumberland the following year. At Tom Creek, Alabama, he was shot through the right lung and in 1900 "still carries the ball." Transferred to the invalid corps from the hospital and not liking his surroundings, he took "French leave" and returned to his former company. January 1, 1863, at Stone River he was shot through the thigh on the second day of the fight. "With his second wound came his last day at the front," and he was placed in the invalid corps at Detroit barracks "after four months' treatment in hospital."[5]

The above experiences were not sufficient to satisfy yearnings for glory and national defense. He re-enlisted in 1864 in the invalid corps and eventually "besides suffering from his wounds Mr. Barney [became] also afflicted with malarial poisoning, chronic diarrhea and rectal disease."

After the war he "privately studied medicine," traveled about extensively, practiced in Plainwell, Vicksburg, Otsego and "about three years ago [1897] he settled in Grand Rapids where he has secured a remunerative practice and established an enviable professional reputation."

The foregoing demonstrates that war is worth while in character building. Unquestionably it "hath its victories." It gives courage to bear family burdens as well as those strictly personal. (C. B. B.) His wife "has been afflicted for over twenty years with a disorder that has required her husband's attention and care a great portion of the time, and although it seems like a forlorn hope, the doctor has never abandoned his belief that she may yet be restored to health. Eminent physicians gave her up to die years ago but Dr. Barney still perseveres in his treatment of her case, and oftimes has improved her health, though not permanently."[5]

All medical readers will agree, although they may have heard similar tales of other patients and impatients, that this is convincing, and has verily a carillon ring. It should be added perhaps that both the doctor and his wife "inclined to spiritualistic views," which might have *materially* contributed to their fortitude in affliction. (C. B. B.)

Surgeon Bolivar Barnum, Schoolcraft, served with the Seventh Regiment Michigan Volunteer Infantry and Twenty-fifth Regiment Michigan Volunteer Infantry, August to December, 1861, and August, 1862, to June, 1865, respectively.[16]

Dr. Edward Batwell was a native of Ireland (1828); was apprenticed to an apothecary for five years. In 1848 he was graduated from the College of Surgeons, London, and in 1849 from that of Dublin.

He practiced in Detroit from 1849 to 1861. "At the breaking out of the war in [the latter] year he entered the service as surgeon of the Fourteenth Michigan Infantry Volunteers, and believes himself to be the only Michigan surgeon who continued in the service to the close of the war." He returned to Detroit in 1865 and the same year located in Ypsilanti.[23]

Dr. Byron B. Beach, Kalamazoo, was second assistant surgeon Fifth Regiment Michigan Volunteer Cavalry (1862-1865).[16]

"Assistant Surgeon Beach of the Fifth Michigan Cavalry kindly gave me some hard tack and made place for me in an army wagon."†

Dr. John H. Beech, of Coldwater, served as regimental surgeon during the war and on his return found his services as surgeon in great demand.[10]

References to this distinguished surgeon and writer will be found on Pages 184, 229, 323 of Volume I, with biographic sketch and an appreciation of a comrade in arms.

Dr. Charles T. Bennett, born in Goshen, Orange County, New York, March 19, 1842, was educated in the public schools of Adrian, after which he entered the University of Michigan at Ann Arbor, from which he was graduated in March, 1872. He practiced in Morenci, Michigan, for twenty years. Previous to his college career he enlisted (1862) in the Eighteenth Michigan Volunteers. He served until the close of the war. He eventually "took up residence in Detroit, where he has since practiced with the exception of the time his business called him to other cities of the state."[26]

Dr. Ebenezer O. Bennett, son of Ebenezer O. and Laura (Scott) Bennett, was born in Maumee, Ohio, January 16, 1838. "His mother was a niece of General Winfield Scott, U. S. A. His parents came to Michigan and in 1842 located at Nankin, Wayne County. He was educated in the district schools of Nankin and the State Normal School at Ypsilanti; was graduated in 1858, and taught school until 1862, when he enlisted in Company M,

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†Nevilians Station 1864, William F. Kenfield in Historical Sketch of the Seventh Regiment Michigan Volunteer Cavalry.

Detroit Engineers and Mechanics. His regiment was engaged in several battles. Discharged in 1865 and returning to Michigan he again engaged in teaching. In 1875 he entered the University of Michigan, from which he was graduated in 1878 with the degree of M.D.; served one year as surgeon of the University Hospital, was then appointed medical superintendent of the Wayne County Asylum for the Insane. There he introduced many radical changes in the management of the institution and also in the treatment of the inmates. He was a member of the Ninth International Congress held at Washington in 1887. His son, Joseph E., was a physician.[26]

Dr. John Bennett of Centerville, was assistant surgeon Ninteenth Michigan Infantry.[36]

Dr. William E. Best, of North Branch township, Lapeer County, was born in Oxford County, Dereham township, Canada, January 20, 1840. When twelve years of age he studied at Victoria College at Coburg, of which institution his father was one of the founders. A year later he entered the University of Toronto "to prepare himself for the ministry, but after two years in that institution he came to the decision that he was not a fit subject to undertake the sacred duties of the profession and changed his object in life."

He studied at Ralph's Medical School in Toronto, then at the University of Philadelphia, whence he graduated in 1860, being then less than twenty-one years of age. After receiving the degree in medicine, he returned to Canada where he remained for two years. In 1863 he was appointed assistant surgeon at St. John's Hospital in Little Rock, Arkansas. After six months he obtained a position as assistant surgeon in the United States Navy, which he filled until the close of the war.

In the fall of 1865 he came to North Branch where he continued in practice "without change of residence." He was twice married.

"The doctrines of the Republican party are those which Dr. Best considers most conducive to the ultimate prosperity of the country. He now holds the office of county physician of Lapeer County, besides being inspector of schools, and pension examiner for the government. Every one of the minor offices in the gift of the people of this place has been given him, and his popularity is undoubted. On two different occasions he has lost nearly all his property by fire, at one time his residence, barn, opera house [and other properties], being destroyed, and the second time he lost his office, library and instruments, but he has rallied from these misfortunes and is [1892] a successful man."[32]

Dr. Jonathan D. Bevier of Kent County served as assistant surgeon Seventeenth Infantry, June, 1862; surgeon, October, 1862; mustered out June 3, 1865.[12]

Dr. O. J. Bissell of Grand Rapids was assistant surgeon, Eleventh Michigan Cavalry.[36]

Dr. Gilbert H. Blaker of Houghton was assistant surgeon Twenty-third Michigan Infantry.[36]

Dr. D. Willard Bliss (1825-1889) born in Cayuga County, New York, a graduate of Western Reserve 1845, practiced in 1851 in Ionia; came to Grand Rapids three years later. There he "quickly" took prominent position in the front rank of his profession and in the popular regard." He was gifted in musical lines and socially successful. He was commissioned surgeon of Third Regiment Michigan Infantry in 1861,† and later promoted to be major and surgeon, U. S. Volunteers. In March, 1865 he was brevetted colonel, U. S. Volunteers "for faithful and meritorius service" and on December 8 of that year "was mustered out with honor."

He had charge of the Armory Hospital, "became noted as an expert in surgery and performed many bold operations." After the war he practiced in Washington until his death some twenty-three years later.

He was summoned by the Secretary of War, Robert T. Lincoln, to attend the stricken President Garfield.[12]

He had a son, a dentist; a daughter, Dr. Clara Bliss Hinds, practicing medicine in Washington (in 1891) and other children of note and influence.

It is one of the ironies of fate that he was called to attend the President, in the management of whose case little beside discredit and criticism was reaped. (See various allusions elsewhere in this history.) The record as above set forth indicates that his professional career and soldierly accomplishment were admirable. (C. B. B.)

A brother of Dr. D. W. Bliss, Zenas E. (1832-1877), also of Grand Rapids where he practiced from 1867 to 1874, gave distinguished service and had exalted rank in the army which he entered in 1861 as surgeon, Third Michigan Infantry. He studied with his brother, D. W., was graduated in medicine at University of Michigan in 1855, and practiced in Ionia until 1861, except for a year in hospitals in Philadelphia and New York.

He participated in the battles of Blackburn Ford and first Bull Run; was commissioned surgeon October 15, 1861, and took part in the Peninsular campaign. In 1863 President Lincoln appointed him surgeon to U. S. Volunteers, with rank dating from September 12, 1862. In 1864 he received the appointment from the Secretary of War, of medical purveyor, U. S. Army, and was stationed at Baltimore.

Mustered out in February 1866, he spent the winter of 1866-1867 in medical study in Europe.

He served as member of the Michigan State Board of Health, of the United States Board of Pension Examiners, of the state, national and local medical organizations; president of the Grand Rapids Medical and Surgical Society in 1874.[12]

Dr. Zenas E. Bliss at the time of appointment a resident of Ionia, was commissioned surgeon of the Third Infantry October 15, 1861, and in the regular army September 24, 1862.[14]

He was born at Poolville, Madison County, New York; received early schooling at Chagrin Falls, Cuyahoga County, Ohio. His father was owner of a large woolen factory, and availing himself of the opportunity, the son became thoroughly acquainted with the business in all its branches. In 1850 he commenced the study of medicine, in the office of Drs. Harlan and Bliss, after which he entered the office of his brother at Ionia, Michigan. He spent three years in study at the Michigan University, with an interval of several months' practice at Lowell, Michigan, received the degree of M.D. in 1855; practiced in Ionia for six years, with the exception of one winter spent in attending clinical lectures in the hospitals of Philadelphia and New York.

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†The Fifty-first Regiment Uniformed Michigan Militia of which Dr. Bliss was surgeon in 1856 was mustered into the "Old Third" and left for the Potomac in 1861.

He was commissioned surgeon of the Third Regiment Michigan Volunteers in October 1861; was engaged in the siege of Yorktown, the battles of Williamsburg, Fair Oaks, Seven Pines, and the seven days' fight before Richmond, including Malvern Hill. He was later promoted by President Lincoln to the position of surgeon of United States Volunteers, and stationed at Baltimore, Maryland. His duties included the furnishing of the United States General Hospital, the temporary charge of invalid officers, and the charge of the National Hotel Hospital from July, 1863, until December, 1864. He was then appointed purveyor of the United States Army, stationed at Baltimore. He continued in the discharge of these duties until February 2, 1866; was then discharged with the title of Brevet Lieutenant Colonel.

After returning from Paris and London Clinics (1867) he practiced in Grand Rapids, until the fall of 1874, when his health became seriously impaired.

He was a member of the Grand Rapids Medical and Surgical Society, the American Medical Association, and the American Public Health Association. In August, 1873, he was appointed by Governor Bagley member of the State Board of Health, but resigned soon afterward on account of declining health. He was president of the Board of United States Examining Surgeons for a number of years; was an honored member of the Christian Church since 1860.

"In the character of Dr. Bliss, the mind and heart were in perfect unison; what his judgment approved his hand executed. Possessing an enthusiastic love for his profession, and having a mind enriched by long years of constant study, his experience was peculiarly favorable for the development of his powers."

At a meeting of the Grand Rapids Medical and Surgical Society, resolutions of the most complimentary character were adopted, a passage from which is here inserted.

> "By his death the medical profession of this city and state, and especially the Grand Rapids Medical and Surgical Society, lose an eminent and honorable member. He was energetic and enthusiastic in all that pertained to his calling. He was honorable in his intercourse with members of the profession, and ever courteous to all. His skill in the practice of all departments of his vocation, though especially of surgery, has been equaled by few, and surpassed by none of his co-workers; and his Christian fortitude and cheerfulness during his protracted sickness, are eminently worthy of our example. His life was

an example of earnestness in the performance of all duties, professional and private, and his death removes one of our most honorable practitioners and upright citizens."

Dr. Gilbert Bogart, Jr., of Flint, was second assistant surgeon, Twenty-third Michigan Infantry.[36]

Dr. Eugene Boise of Grand Rapids (*See* biographic record Volume I, Page 411) was sometime a private in the 150th Regiment Ohio National Guard.[12]

Dr. E. J. Bonine, who practiced in Cassopolis from 1844 to the outbreak of the Civil War, was a soldier and politician as well as doctor. Born in Indiana in 1821, he prepared for his profession as was then the custom more than now, under a private preceptor instead of within college walls. He was elected to represent the county in the legislature in 1852. He was, in turn, a Whig, a Free-soiler, and then helped to organize the Republican party.

He enlisted in the ranks and was advanced to surgeon-in-chief of the Third Division of the Ninth Army Corps. He located at Niles after returning from the war, and was prominent professionally and in public life until his death.[11]

An ancestor was on General Washington's staff in the Revolutionary War. Dr. Bonine was related to Daniel Boone.[28] He was surgeon of the Second Michigan Infantry; was eventually division surgeon, Army of the Potomac.[28]

He was a member of the Society of Friends; served four terms in the Michigan House of Representatives and one in the Senate;[28] was twice mayor of Niles and was postmaster from 1870 to 1885.[29]

Dr. John Brady, a native of Ireland 1837, graduated from the University of Buffalo in 1860, and settled in Grand Rapids shortly afterward. In 1862 he entered the Union Army as assistant surgeon and served in military hospitals until May, 1863, when he was assigned to the Forty-fifth Regiment, Illinois Infantry in the field at Millikens Bend, Louisiana. He participated in the battles of Raymond, Champion Hills and in the assaults on Vicksburg. He had at one time charge of the soldiers liberated from Andersonville. He resigned and returned to Grand Rapids in 1866; became a charter member that year of the State Medical Society; was also a member of the American Medical Association, the Western Michigan Medical Association, the Grand Rapids Academy of Medicine, and the Grand Rapids Medical and Surgical Society. Of the latter organization he was twice president; was member of the International Medical Congress in 1887, of the Board of Pension Examining Surgeons, and in 1870 and later coroner of Kent County.[12]

Dr. Lyman A. Brewer (1817-1876) born in New York State, graduate from Western Reserve 1843, post-graduate University of Michigan, practiced in Jonesville until 1854, then associated himself with Dr. DeCamp of Grand Rapids until 1857.

He served four years in the army and after the war closed was connected professionally with an Indian Commission in the Rocky Mountains (1865-1870). Later he practiced in Hillsdale until his death.[12]

Dr. William F. Breakey, born in New York State in 1835, received academical instruction in Bethany, Pennsylvania, was a student in Albany Medical College in 1856 and was graduated three years later at University of Michigan; practiced for three years in Salem, Michigan.

He served as assistant surgeon, Sixteenth Infantry in the Civil War from 1862 to 1864. In the latter year he came to Ann Arbor and in 1868 was appointed assistant demonstrator of anatomy and prosecutor of surgery, University of Michigan.[23]

Dr. Smith H. Bristol of Parma, Jackson County, was educated at Canandaigua Academy, and in medicine at the Buffalo Medical College.

He was appointed assistant surgeon of Thirteenth Michigan Infantry Volunteers in 1862.

In 1872 he studied at Bellevue Hospital and College of Physicians and Surgeons, New York.[15] (*See* Volume I, Page 448.)

Dr. William Brodie of Detroit. (*See* Page 58 this volume and numerous references in both volumes.)

Dr. Odney D. Brooks of Muskegon, was second assistant surgeon, Twenty-sixth Michigan Infantry.[36]

Dr. Henry Wheelock Browne, born in Medway, Massachusetts, in 1831, was graduated from Harvard Medical School in 1856.

In May 1861 he raised a company which was mustered into the Second Massachusetts Volunteers and in the fall of the same year enlisted as a private in Company I, Sixteenth Massachusetts Volunteers; was later commissioned surgeon of the Seventy-sixth U. S. C. T.

He came to Michigan in 1869, resided in Lebanon, Clinton County and practiced his profession there and in Hubbardston, Ionia County; was admitted to the bar in Clinton County in 1883.

He served as justice of the peace, Lebanon, and president of Hubbardston village; represented the first district of Ionia County in the legislature of 1889-1890; was commander of Post No. 234 G. A. R.[29]

Dr. William Brownell, a prominent physician of Utica, Macomb County was born in Farmington, Michigan, in 1830. He graduated in medicine at the University of Michigan in 1852; served as surgeon of the Second Michigan Cavalry 1861-1864; represented Macomb County in the legislatures of 1857-1858 and 1861-1862; was for sixteen years a director of the Utica schools.[29] (*See* Volume I, Page 348.)

The surgeon of the Twelfth Michigan was Dr. George L. Brunschweiler of Eagle Harbor. He served for a year.[4]

Dr. Albert E. Bulson of Jackson, patriotically prevaricated as to his age and enlisted as a youngster of fourteen. (*See* Volume I, Pages 367, 368.)

Dr. William E. Burtless of St. Clair, was a prisoner in Libby. (*See* Volume I, Page 438.)

Dr. William M. Campbell of Battle Creek. (*See* Volume I, Page 195.)

Dr. Abram R. Calkins was born in New York State in 1822; was graduated from Geneva Medical College in 1845. He opened an office in Allegan and practiced there for nearly thirty years, often fording streams and following Indian trails through the forests.

He was appointed surgeon of the Seventh Michigan Infantry in 1862; participated in the battles of South Mountain and Antietam. He served in the army for one year, then resigned in consequence of the illness of his wife.

He died at the age of fifty-one. "Active and busy to the last, his life was another sacrifice to the profession which, when once adopted, leaves a man no longer his own master."[7]

Dr. Joseph P. Cessna of Kalamo, was assistant surgeon, Twenty-eighth Michigan Infantry.[36]

Dr. David P. Chamberlain of Hudson was assistant surgeon, Fourth Michigan Infantry.[36]

Dr. Joseph M. Chapman, born in 1844, in Macomb County, studied and taught mathematics for three years; was a teacher in Oberlin later; studied medicine at Cleveland and Ann Arbor and with Drs. Pitcher and Brodie, Detroit; graduated in 1854; began practice with Dr. Cooley at Washington, and the same year settled in New Baltimore.

He entered the army as assistant surgeon in 1864 and served until the close of the war.[18]

Dr. E. B. Chapin of Grass Lake. (*See* Volume I, Page 448.)

Dr. George H. Chappel, born in Lockport, New York, in 1841, enlisted August 12, 1862 in the 129th New York Volunteer Infantry and with his regiment which was assigned to the Army of the Potomac had a "severe initiation" at Spottsylvania. He was also present at the lengthy and desperate battle of Cold Harbor and many others before the termination of the war at Appomattox. Shortly after honorable discharge from the army he engaged in general merchandising in Berlin, Michigan, then in Paris in the drug business, a year later in Reed City in the same line, then in a medical capacity with the Grand Rapids and Indiana Railroad; afterward at Morley and Cedar Springs in general practice (eclectic) and from 1893 in Grand Rapids. When at Cedar Springs he was a member of the city council, health officer, coroner.[5]

He was, in 1900, a Democrat and a Methodist, a somewhat unusual combination.

Dr. Eugene V. Chase, a graduate of Michigan University in 1856, practiced medicine in Elsie and Ovid, Clinton County.

In 1861 he enlisted in the First Michigan Cavalry. He served through the war rising to the rank of first lieutenant.

He was several times supervisor of Duplain; was chairman of the county board.[29] (*See* Volume I, Page 132 *et seq.,* 502.)

Assistant Surgeon Orville P. Chubb, Lansing, was commissioned in

Twentieth Infantry May 23, 1863, promoted to be surgeon, July 22, 1864; mustered out May 30, 1865.[13]

Dr. Ennis Church, born in Madison County, New York, in 1815, came to Marengo in 1836, studied medicine and was "regarded one of the best of the excellent physicians and surgeons practicing in the county." He was surgeon of the Ninth and Twenty-fifth Volunteer Infantry Regiment and served with the armies of the Cumberland and Potomac. He had landed interests in Mississippi, Louisiana, Michigan and Kansas, and practiced his profession but little after being mustered out of the service. He died in New Orleans in 1895.[30]

A physician who attained rank in his profession was Dr. William E. Clarke, who spent a portion of his youth in Dowagiac. He entered the army, had an eventful record as surgeon, and after the war moved to Chicago. He was connected with the Nineteenth Michigan Volunteer Infantry. He was transferred from the Fourth Michigan, August 12, 1862. He resigned the following year.

Grace Greenwood, whom septuaginarians will remember as a writer, was a sister of Dr. Clarke. While visiting the latter in 1858, she wrote a descriptive article to an eastern paper, in which she complained that the people did not plant trees in their dooryards or in the streets and that the burning sun shone down pitilessly.[11]

Dr. Mathias Coad of Williamston, a graduate of Berkshire Medical College in 1866, had previous to the war attended one course of lectures at Long Island College Hospital. He served as assistant surgeon, Fifty-second Massachusetts Infantry for nine months, and subsequently with the Seventy-sixth U. S. Colored Infantry. He practiced after the war in Fentonville (1866), then Williamston (1868).[13]

Dr. Coad was born in Eastport, Maine, in 1836. After war service he came to Michigan and located at Williamston, Ingham County. He was sometime president of the village and member of the Board of Education; was elected to the legislature in 1897 and served during the session of 1897-1898.[29]

Dr. Alvin J. Cole of Washtenaw County was assistant surgeon Fourteenth Michigan Infantry.[23]

Dr. A. Collar of Wayne. (*See* Volume I, Page 231.)

Assistant Surgeon Eli K. Collar of Wakeshma served with the Twelfth Regiment Michigan Volunteer Infantry (1864-1866).[16]

Dr. George L. Cornell of Port Huron. (*See* Volume I, Page 431.)

Dr. Henry S. Cox of Franklin. (*See* Volume I, Page 287.)

Dr. Abel M. Crawford, born in New York State, was brought to Michigan by his parents in 1835. Hon. J. W. Longyear (the father of Howard W.) was his school-teacher in Leoni, Jackson County. He was graduated from Rush in 1850; was in practice two years in Eaton Rapids, seven years in Lansing. Appointed surgeon of the Detroit and Milwaukee Railroad, he moved to St. Johns; built the first brick house in that place. In 1855 he located, platted and named the town of St. Louis; was for a time postmaster at St. Johns, and in '55 and '56 county treasurer of Gratiot County, organized in the former year.

He settled in Jackson in 1859; was surgeon of the Eleventh Michigan Infantry in 1865. Thereafter he studied at Bellevue.

He was twice supervisor from the third ward of Jackson.[15]

Dr. Freeman R. Crosby's parents came to Jackson County in 1838 and located in Napoleon. He was graduated from the medical department, University of Michigan in 1860, and in 1862 entered the Seventh Michigan Regiment as assistant surgeon under Dr. Bevier. He there remained until 1864 having been at Fredericksburg, Vicksburg and the siege of Knoxville. He practiced afterward in Henrietta and Napoleon.[15]

Dr. Erastus H. Cummings, born in 1835 in Steuben County, New York, was the son of a physician (Clark Cummings) who located on a farm in Onondaga, Ingham County, in 1851.

He spent two years, 1856 to 1858, in Albion College, afterward a year and a half in Kansas, and elsewhere in the West hunting buffaloes, then returned to Michigan and entered the University in 1860.

April 23, 1861 he enlisted in the Sixth Michigan Infantry; was with the regiment when sent to Newport News in 1862 at the time of the Monitor-Merrimac battle, and later with General Butler at Ship Island and in engagements in points up the Mississippi and at Baton Rouge. He became hospital steward and continued in this capacity until near the close of the war—four years' service in all.

He graduated in medicine from the University of Michigan in 1866, and later from Hahnemann, Chicago. He practiced in Grand Rapids from 1876 to 1878, then in Edmore until 1889, when he returned to Grand Rapids.

In Edmore he served as member of the Board of Trustees.[5]

Dr. R. Crowell of Washtenaw, was sometime assistant surgeon, Seventh Michigan Cavalry.[23]

Dr. James B. F. Curtis, sometime alderman and city clerk of Flint, represented the first district of Shiawassee County in the legislature of 1889-1890.

During the Civil War he was hospital steward of the 102d U. S. C. T.[29]

Assistant Surgeon Albert Daniels of Richland served with the Seventeenth Regiment Michigan Volunteer Infantry (August to October, 1862).[16]

Dr. Jonathan E. Davis of Macomb was second assistant surgeon, Twenty-seventh Michigan Infantry.[36]

Dr. Lewis C. Davis (1832-1894), a "prosperous professional gentleman" of Vassar, was born in the State of New York; studied medicine with a brother-in-law, Dr. George H. Kilborn, had lectures in Ann Arbor and was graduated in 1858 in New Orleans.

Being in practice in Port Lavaca, Texas, on the breaking out of the

Civil War, he was conscripted into the Southern Army and served as surgeon; was taken prisoner in 1863, took the oath of allegiance at Springfield, Illinois, "gladly," and returned to Michigan propertyless. He located in Vassar in 1864.

In Vassar he has served on the village board, as school inspector, township clerk and health officer; was a member of the Michigan State Senate, 1885 to 1887, nominated and elected on a fusion ticket of Democrats and Greenbackers, and against his inclination.

He was originally a Whig, but from 1859 to 1879 a Republican. He supported Bell and Everett in 1860 (in Texas there being no opportunity to vote for Lincoln) was later a "Greenbacker in principle" and an "anti-monopolist."

He was "a happy man when captured by the Federals and given an opportunity to get out of Dixie."[32]

Dr. Louis Davenport of Detroit "was a most skillful surgeon." He "did not see service in the regular army during the Civil War, but often went to the front and rendered most efficient and timely aid, particularly after the battle of Bull Run."[3]

Dr. William H. DeCamp, born in 1825 in Livingston County, New York, was graduated from Geneva Medical College in 1847. In 1855 he opened a drug store in Grand Rapids, but in a fire two years later, lost this as well as a collection of stuffed birds and animals. This business reverse impelled him to resume the practice of medicine in which in 1891 he was still engaged.

He was appointed September 12, 1861, by Governor Blair, surgeon of the First Michigan Engineers and Mechanics, and served for three years. In 1862 he was appointed medical director of the Post at Harrodsburg, Kentucky, where General Bragg in retreat after the Battle of Perryville, had stationed 1,500 Confederate wounded soldiers.

He was elected president of the Michigan State Medical Society in 1868 and of the Grand Rapids Medical and Surgical in 1872-1873. He was an accomplished naturalist and especially fond of geology and conchology.[12]

Dr. Daniel P. Deming of Cass City, born in Oakland County, enlisted in 1861, at the age of 16, in Company I, Tenth Michigan Infantry. He served under Rosecrans and Sherman and was with the latter on the March to the Sea; was wounded in the battle of Resaca, Georgia.

He was graduated in high school at Clarkston in 1869, studied medicine with Dr. O. C. Joslyn of St. Johns, at the University of Michigan and Long Island College Hospital from which latter institution he was graduated.

He began practice in Cass City in 1873, was in 1892 pension examining surgeon.[32]

He owned a fine farm and a drug business, but notwithstanding was a Greenbacker and sometime member of the Peoples party.

"In addition to being a skilled practitioner of the medical profession," Dr. Nelson J. DePuy was "of more than ordinary intelligence, thoroughly well informed and a polished conversationalist."

In August, 1861, he enlisted in Company G. Twenty-seventh Illinois Regiment as corporal. His regiment was with Rosecrans and later with Sherman. He fought at Belmont, Island No. 10, the siege of Corinth, with Grant, and at Iuka. Part of his time was spent at Benton Barracks near St. Louis, "and in the hospital as a physician."

He was discharged for disability in December, 1862, and the following winter taught school. He was graduated in homeopathy in 1874, after studying for a time at Geneva, (New York) Medical College; practiced in Dundee, Michigan, and Iowa Falls, Iowa; came to Parma in 1876, and in 1878 to Sandstone. He owned an orange grove in Florida.

He was for several years health officer in Parma, was a "sound Republican," a Mason, and had in 1890 a "snug home" with "hospitable doors."[34]

Dr. Charles A. Devendorf, (1839-1910), son of Dr. Charles Devendorf, was born in Amsterdam, New York. He was graduated at Williams College, A.B. 1859 and received the degree A.M. in 1862. He entered the Albany (New York) Medical College, but did not complete the course, and in September, 1861, became a medical cadet, United States Army; was stationed at Fortress Monroe, Virginia, until 1862, then was made assistant surgeon of the Thirty-eighth New York Regiment of Infantry. Later he was appointed assistant, and in 1864 surgeon of the Forty-eighth New York Regiment. Mustered out in September 1865, he completed the medical course in Bellevue College (1866). From 1867 to 1879 he practiced at Amsterdam, New York, and in 1880 removed to Detroit. In 1882 he was made professor of physiology in the Michigan Medical College, and later became professor of obstetrics; was reappointed to that position upon the consolidation of the Detroit and Michigan Medical College, as the Detroit College of Medicine. He has been visiting physician and consulting physician to Harper Hospital and was chief of staff of the Children's Free Hospital from its organization in 1887; was a member of the American Academy of Medicine, the Michigan State and Detroit Medical, Societies, the Detroit Gynecological Society and the Association of Life Insurance Medical Directors. In 1892 he was made assistant medical director of the Michigan Mutual Life Insurance Company, and in 1895 became medical director of that company.[26]

Dr. Julius C. Dickinson, born in Hamburg, Erie County, New York, in 1843, attended school in Jackson, Michigan, was graduated from the medical department, University of Michigan, in 1866, his college life being interrupted by the Civil War. He was appointed a member of the hospital staff of Camp Blair at Jackson, Michigan, in 1864; was honorably discharged in 1865. After graduation Dr. Dickinson began practice in Detroit, but soon established an office in Holly, Michigan. After marriage in 1874 he returned to Detroit.[26]

"It is forty years since Dr. A. Philo Drake established himself in Hastings, Barry County; he is the oldest physician now living [1891] of those who were here at that time and is exceeded in age as practitioner by but one in the county, Dr. Parkhurst of Middleville. He still holds place among the most prominent physicians in the county, and his increasing years have not made him careless, but have added to his interest in his chosen profession and broadened his knowledge of the human system and the remedial agencies by which it can be restored to health when impaired by a violation of nature's laws."[31]

Bushy whiskers, burnsides and heavy moustache—which latter adornment did not appear in the lithograph published in the "History of Allegan and Barry Counties" in 1880 in connection with a biographic sketch—are shown in another, eleven years later. In both, the fine type of face is revealed, full of distinction and seriousness.

He was born in Macedon, Wayne County, in 1828, received early education in Saline, Washtenaw County, was graduated from Cleveland Medical College in 1850 and came to Hastings in 1851.

He was in the Government Surveys from 1855 to 1858 and served in the Civil War for eight months as assistant surgeon in the Third Michigan Infantry.

Dr. Drake was a Mason and, of course, a Republican; was sometime member of the Board of Medical Examiners for Pensions.[31]

Dr. Drake was originally a Whig "and the *New York Tribune* [was] his political Testament. His residence in Kansas and Nebraska from 1855 to 1858 gave him an insight into the means resorted to by the pro-slavery party to fasten the peculiar institution upon Kansas. He claims to have been the only Whig in the territory of Kansas in the employ of the government during the period of the forming of its State Constitution."[7]

"No man will be more greatly missed, and for his kindness to the sick and his charity for all he will ever be remembered as one of God's Noblemen."[30]

Dr. Titus Duncan of Saginaw was surgeon of the Twenty-ninth Michigan Infantry.[36]

Dr. E. B. Dunning of Paw Paw (1830-1894) was graduated from the medical department, University of New York.

He was in charge of the General Hospital at Alexandria, Virginia, during three years of the Civil War.

He came to Michigan in 1876, and practiced in Mattawan and Paw Paw. He was one of Paw Paw's "brightest physicians and a good citizen."[38]

Dr. Edward S. Dunster of the Michigan University. (*Sec* Volume I, Pages 487, 488.)

Dr. Newell A. Dyer of Bath, Clinton County, was an assistant surgeon in the Civil War.[30]

Dr. Nathaniel B. Eldredge (1813-1893) born at Auburn, New York, practiced medicine fifteen years, then law for thirty years "and finally settled down to farming."

He served as captain and major of the Seventh Regiment Michigan Infantry and lieutenant colonel of the Eleventh Regiment during the Civil War; was engrossing and enrolling clerk of the state senate in 1845, judge of probate of Lapeer County in 1852, representative from that county in the legislature of 1848; member of Congress, 1883 to 1887.[29]

Dr. William N. Elliott of White Pigeon was surgeon of the Eleventh Michigan Infantry.[36]

Dr. Justin C. Elliott of White Pigeon was assistant surgeon of the same regiment.[36]

It is probably one of these—initials not given—who "came to Allegan in 1855."[7]

Dr. Washington Gay Elliott of Pontiac. (*See* Volume I, Page 288.)

Dr. Owen Ellison, Jr., of Jackson was second assistant surgeon, Thirtieth Michigan Infantry.[36]

Robert W. Erwin, B.S., M.D., was born in Ohio in 1842. When but seventeen years of age "after five months in a neighboring academy and three months in the Hopedale, Ohio, Normal School" he became a teacher and was thus engaged until the outbreak of the Civil War when he enlisted in the 170th Ohio Volunteer Infantry. After completing his term of enlistment he entered Ohio University at Athens; was graduated therefrom as B.S. in 1868, and two years later as M.D. from Bellevue Hospital Medical College. He located in Bay City in 1873.[8]

He was influential in local, state and national medical organizations; was a member of the Bay City Board of Health for seven years.

Assistant Surgeon Robert A. Everett of Ann Arbor, served in the Fifth Michigan Infantry.[36]

Dr. Alexander Ewing of Dexter, was surgeon, Thirteenth Michigan Infantry. (*See* Volume I, Page 286.)

He represented Washtenaw County in the legislature of 1853-1854.[29]

Dr. Henry C. Fairbank of Flint responded in 1864 to "an urgent call for volunteers to be sent to the front of the army." He served at City Point, Virginia, "in the field hospitals for twenty days, the length of time for which their services were demanded."[32]

There he saw active service during the battles before Richmond, but "was compelled to leave the scene of action all too soon on account of disease contracted at that terrible plague spot."[30] (*See* Volume I, Pages 200, 369.)

Dr. D. O. Farrand was born in 1837 in Ann Arbor; was graduated from the University of Michigan, literary department, pursued study in Munich; in 1858 entered the wholesale drug house of his brother, Jacob S. Farrand. There he remained for two years; was graduated at the College of Physicians and Surgeons, New York, in 1862; entered the regular army as assistant surgeon; resigned in 1865. In 1866 he was taken into partnership with Dr. Zina Pitcher. After the death of Dr. Pitcher he formed a co-partnership with Dr. George B. Foster, which continued until the latter's death in 1881.

He was a member of the American Medical Association of the Michigan State Medical Society, and the Detroit Medical and Library Association. He was surgeon to Harper Hospital and the police department; was surgeon-in-chief of the Michigan Central Railroad, and chief medical examiner of the Michigan Mutual Life Insurance Company.

He was author of the bill through which was created the permanent Detroit Board of Health and was its first president. He had been instrumental in the establishment of a temporary board of health at the time of a smallpox epidemic in 1881.

He "never met a patient whom he did not leave a friend," and was called Detroit's "well beloved physician." He was an intense worker and spared himself never—was accustomed to say that he "found his only recreation in politics. . . . The sad prediction of many friends that Dr. Farrand would die of overwork seems to have come too true."[30]

At his funeral, "men wearing the garb of toiler came and mingled their tears over the coffined remains of one who in life had been their friend. . . . Each recalled some good deed or kindly act. . . . A burly truckman said, 'The children's friend has gone.' . . . They were mourners all. . . . To the silent spectator it was an exhibition of unfeigned sadness on the part of a stricken people.[2] (*See* Volume I, Pages 132, 199.)

Surgeon Louis Fasquelle, St. Johns, commissioned, August 23, 1862; resigned November 26, 1862.[21]

Dr. J. W. Finley before enlistment was a resident of Niles, served (from Pittsburg) for three years in the Civil War under the direction of the United States Sanitary Commission.[9]

Distinguished in medicine and surgery, and in civil and military lines—in statecraft, diplomacy, politics, as a traveller and adventurer, as a public-spirited citizen of Christian profession and character and possessed of moral courage and integrity, was Dr. George Whitefield Fish who, after graduation in medicine at Castleton, Vermont in 1837 and marriage the following year, came in 1839 to the almost unbroken wilderness where is now the flourishing city of Flint. He moved to Jackson in 1847 or 1848 after enduring the intervening years of hardship in practice. On a trip up the lakes the following year he engaged to serve the Hudson Bay Fur Company; remained as physician with this company a short time; returned to Flint and soon afterward visited the South including the Isthmus of Panama. He engaged as medical officer with the Panama Railway Company until the railroad's completion, and then received the appointment of physician-in-chief to the Aspinwall Hospital.

In 1859 he embarked on a sailing vessel at New York and reached his destination—Shanghai, China—111 days later. In 1860 he was appointed

United States Consul at Ningpo. He visited Canton and Foochow, witnessed the capture of the Taku forts by the English Admiral Hope and the storming and capture of Ningpo in 1861 by the Tai-ping rebels under the insurgent General Wong with whom he held official intercourse.

Of his subsequent career as surgeon in the Civil War, traveler, editor, diplomat and civil service functionary more elsewhere. He traveled in Malta, Sicily and Italy and in Africa, while American representative at Tunis, visited the tomb of John Howard Payne and caused it to be repaired. With his daughter he made a perilous journey to Pompeii over rocks uncomfortably hot and through steam and sulphurous smoke.

He attended the Ecumenical Council of the Methodist Episcopal Church in London and there heard the announcement of President Garfield's death. Dr. Fish's first wife died in 1876. On his return to America in 1882 he was married to Miss S. A. Rulison. Thereafter he lived in Flint until his death in September, 1885.

He was an esteemed member of the Flint Academy of Medicine, a useful member of the Methodist Church, and one of the lay delegates to the Baltimore Conference in 1876. He was a diligent and discriminating reader and often contributed to the columns of such publications as the *New York Evening Post, New York Advocate, Michigan Advocate, Detroit Free Press* and *Wolverine Citizen.*

Formerly a Democrat, he joined the Republican party when that organization was formed and held various offices, local, state and national.[30]

He served in the Civil War as surgeon of the Fourth Michigan Cavalry in 1862. Was present at the Battle of Chapel Hill, Tennessee, participated in the campaigns of Rosecrans, Thomas and Sherman, acting most of the time as brigade surgeon of the First Brigade, First Cavalry Division, Army of the Cumberland; was present at the capture of Jefferson Davis. He took part in more than fifty battles and skirmishes.

He was a member of Governor Crapo Post, G. A. R., Flint.[30]

His name is prominently associated with one of the most interesting episodes in Michigan's political history. (*See* Chapter V, this volume, also Volume I, Page 353.)

Dr. A. L. Flint from Rome, Oneida County, New York, who came to Comstock, Kalamazoo County, in 1855, and was in practice there for a number of years, was a graduate from the medical department, University of Michigan.

"He was surgeon in the Eighth Missouri Regiment with Sherman. He is now (1880) an army surgeon stationed at Pembina, Dakotah Territory."[16]

Dr. Henry K. Foote of Milford. (*See* Volume I, Page 288.)

Dr. Wells B. Fox was born in Buffalo in 1823 and adopted at the age of eight years by an eminent surgeon. He compounded the doctor's medicines and was his companion; studied medicine at Buffalo, was graduated at Union

College; for two years was medical attendant of Erie County Hospital of Buffalo.

He came to Michigan in 1849; practiced in Livingston County until 1862 at which time he was appointed assistant surgeon of the Twenty-second Michigan Infantry. In 1863 he became surgeon of the Eighth Michigan Infantry and continued in this position until the close of the war.

He organized the Lexington, Kentucky, hospitals after Morgan's Raid. In September, 1864, he was surgeon-in-chief in front of Petersburg.

He was at Appomattox with his hospital corps and a witness of the historic Grant-Lee incident.

He is said to have made 9,000 amputations and conducted 14,000 other operations. (Which seems to the reviewer a rather large figure.)

He was married in 1853 and two daughters were born of this union. He stood high in the councils of the G. A. R. and was a prominent Odd Fellow.[30]

Dr. Edward C. Franklin was in 1881 "among the most distinguished adepts in the progressive schools of homeopathy in the West," his "labors in the path marked out by the immortal Hahnemann" entitling him, etc., etc.

He was born on Long Island in 1822, was a graduate from the University of New York "as a private pupil of the illustrious Valentine Mott" in 1846. A protracted medical controversy with Dr. Cox, a celebrated homeopathic physician, "elicited a severe cross-fire" from two of his classmates in the university "who had become converts to homeopathy." In 1849 he removed to California where "in a few months he amassed a considerable sum of money" and became deputy health officer of the state. Later he was physician of the Railroad Hospital at Panama, "and accumulated a large amount of property," but acquired "Panama fever," which proved rebellious until attacked by "the new and strange homeopathic treatment." Thereupon he became "enlightened" and a convert to the system.

He settled in Dubuque, then in St. Louis, and in 1860 became demonstrator of anatomy in the Homeopathic College of Missouri. The following year he was appointed regimental surgeon of the Fifth Missouri Volunteer Infantry. In that capacity he took charge of the body of his brave commander at whose death he was present.

In 1878 he was appointed professor of surgery and dean of the homeopathic faculty, University of Michigan; was the author of "The Science and Art of Surgery," "Spinal Curvatures" and "Minor Surgery."[23]

Dr. S. S. French of Battle Creek, president of the State Medical Society in 1889, was assistant surgeon, Sixth Michigan Infantry in 1861, promoted to be surgeon of the Twentieth Michigan Infantry in 1862; served at times as brigade surgeon.[36] (*See* Volume I, Page 346.)

Dr. William Fuller of Ann Arbor was surgeon of the First Infantry, Michigan Volunteers, organized on the outbreak of the Civil War for three months' service.[23]

Dr. F. B. Galbraith of Pontiac "was worthy of his high position—yes, highly worthy," declares the "History of the Tenth Regiment, Michigan Volunteer Infantry." (*See* Volume I, Page 354.)

He was offered, in 1865, the appointment of surgeon to the Fourth Michigan Cavalry, but declined. That command, at the time, being with Sherman on the march through Georgia, he rightly assumed that the war would soon be over.[29]

Dr. Levi M. Garner of Holly was surgeon of the Fifteenth Michigan Infantry.[36]

Dr. Samuel S. Garrigues of Bay City was assistant surgeon, Twenty-ninth Michigan Infantry.[36]

Only five years younger in years than Dr. Tompkins at the time of his death was the late Dr. Alonzo Garwood, whose professional connection with Cass County was only a little less than his. Coming to Cass County in 1850, the close of a long life came July 1, 1903. He was born October 15, 1824, in Logan County, Ohio; pursued his studies under the direction of a physician in his native county; later attended, under the preceptor system, the well known Starling Medical College, and on his graduation came directly to Cassopolis. Dr. Garwood gave considerable attention to public affairs, especially local school interests and was of such political prominence that he was sent to the State Senate in 1857. He was surgeon to the Twenty-eighth Michigan Volunteer Infantry from August 15, 1864, to June 5, 1866.[11]

He was "one of the organizers of the Republican party at Jackson."[29]

Dr. William A. Gibson "is in the strictest sense of that much abused term a self-made man." He also was (in 1890) a homeopath although he had an "allopathic course at Ann Arbor."[34]

That is a mistake—there "wasn't no such animal." (C. B. B.)

He obtained the appointment in 1863 of hospital steward and joined the Army of the Potomac; was in the hospital at Camp Blair.

He practiced after 1866 in Marshall, then in Jackson, "winning competence and fame." He had in 1890 a "pet enterprise—that of breeding trotting stock." He owned "Hamlet, one of the best sons of Volunteer" and "Tremont," 2/28½, who sired "Junemont," 2/18¾, "Aconite," "Belle Rene" and "Montie."[34]

Dr. W. R. Gifford, born in 1843 at Dundee, Monroe County, enlisted in the First Michigan Engineers and Mechanics Corps in 1861 and served in the army three years. Later he attended Oberlin College two years and in 1869 was graduated in medicine at the University of Michigan. He located in Erie, Monroe County.[19]

Dr. Carlos Glazier of Royal Oak. (*See* Volume I, Page 287.)

Dr. George H. Granger, born in Wayland, New York, educated at the Dansville and Genesee Wesleyan Seminaries, and (in medicine) at the University of Michigan (1867), served as assistant surgeon in a New York regiment during the Civil War. He located at Unionville, Michigan, in 1865; represented Tuscola County in the legislature from 1879 to 1882.[29]

Dr. George W. Green, of Three Rivers, was second assistant surgeon, Twenty-eighth Michigan Infantry.[36]

Assistant Surgeon John N. Grigg of Schoolcraft served with the Twenty-fifth Michigan Volunteer Infantry (1862-1864).[16]

Dr. James Fulton Grove (1828-1885), "one of the prominent physicians of Grand Rapids for nearly thirty years" (1891), a medical student at Geneva, Niagara University, and Rush, and graduated from the latter college in 1855, settled in Grand Rapids in 1856.

He served as assistant surgeon and surgeon, Third Michigan Volunteer Infantry, 1862; was mustered out June 20, 1864.[12]

The eminent surgeon, Dr. Joseph B. Griswold, enlisted in the Second Michigan Cavalry from Vermontville in 1861, when nineteen years of age; was discharged the following year on account of disability. He recovered health, studied medicine, was commissioned assistant surgeon of the Fourth Michigan Infantry in 1864, became surgeon in 1866; was mustered out that year. Near the close of the war the regiment was ordered to Texas, and Surgeon Griswold was appointed medical inspector of the Department of San Antonio, having charge of the military prison at that place in 1865-1866, until mustered out of the service. Few, if any, volunteer regiments had so long a term of service for the government.

"Since the war, Dr. Griswold has been a prominent member of the Grand Army of the Republic, and of the Loyal Legion for Michigan. For fifteen years he has been a pension examiner; is a member and ex-president of the Grand Rapids Academy of Medicine; is now [1897] president of the Michigan State Medical Society; is a member of the National Association of Railway Surgeons; is also a member of the American Medical Association; an honorary member of the Minnesota State Medical Society, and consulting physician to the Alma Sanitarium. Born and educated in Vermontville, Dr. Joseph Bascom Griswold is entitled to honorable mention among its physicians, though his practice has been at Taylor's Falls, Minnesota, and Grand Rapids in this state."[30] (*See* Volume II, Page 294 *et seq.*)

Dr. Moses Gunn, of Ann Arbor, was surgeon of the Fifth Michigan Infantry, enlisting at Detroit.[36] (*See* "Medical Education," Volume I, Pages 463, 464.)

The present generation knows naught of the "variety store," but it was very much in vogue in the present writer's boyhood. All sorts of objects, useful and otherwise, except lip-sticks, were purveyed. They were succeeded by "ninety-nine cent" stores.

In 1824 in a variety store in Rochester, Dr. David Haines was employed as clerk. He was born in Westchester County, New York, in 1805; studied dentistry and medicine, practiced in Rochester, New York, and for two years in Canada. In 1834 he was appointed surgeon of the Eighteenth Rifle Regiment, Second Division, New York State Militia. He was a candidate for alderman in Rochester, but was defeated by three votes by a nephew of

William H. Seward, later Secretary of State in President Lincoln's Cabinet. (There is no record of demand for a recount. C. B. B.)

He came to Michigan in 1853, located in Wakeshma, then in Leonidas, and afterward returned to the first named place. Candidate for supervisor in 1854, he was defeated, this time by five votes. Thereafter he declined to "run for office," having a "constitutional dread of exercise."[16]

Dr. Morris Hale, a graduate from the University of Michigan medical department in 1864, served as assistant surgeon of the Rock Island Prison Barracks, Illinois. In 1870 he was graduated from Jefferson, Philadelphia; located in Eaton Rapids in 1875.

He conducted the Anderson House and the Frost House, and established a water cure which acquired considerable reputation.[13]

"Assistant Surgeon Edgar Hann, Dansville, commissioned May 25, 1864, never reported for duty."[13]

Dr. William Harper, a resident of Deerfield, Livingston County, "enlisted in the Eighth Infantry during the war, but failed to muster."[29]

I have discovered no explanation of either of the above highly exceptional instances in the history of Michigan's medical soldiery. (C. B. B.)

Dr. Harper held various township offices and was representative from Livingston County in the legislature of 1891-1892.[29]

Dr. James Harvey, born in Canada in 1836, was graduated in medicine at Castleton, Vermont, in 1857.

In July, 1862, he was commissioned assistant surgeon, Eighteenth Regiment, Iowa Volunteer Infantry; was in service a year when he was obliged to resign on account of ill health.

He came to Romeo in 1863; was village president in 1865; was sometime vice president and secretary of the Northeastern District Medical Association.[18]

Dr. Charles H. Haskins, a native of Monroe County, New York (1839), came with his parents to Cass County in 1850.

He enlisted October 1, 1861, in Company H, Thirteenth Iowa Infantry, became second lieutenant in 1862 and, in 1864, captain.

He participated in many battles in General Sherman's command; was wounded in the advance on Atlanta. He was acting major at the grand review at Washington. Mustered out in 1865, he went to Iowa, then to Van Buren County, Michigan; was graduated at Indiana Medical College in 1871. He came to Jackson in 1873; was president of the city council in 1878.[15]

Dr. Arthur Hazelwood, of Grand Rapids, born in England, "was apprenticed to a practitioner of medicine and surgery" in London in 1856.

He came to America in 1860, entered the Union Army as hospital steward in the Fourth Illinois Cavalry. He served mostly as medical officer, to which rank he was promoted in 1863. He graduated at St. Louis Medical College in 1866, practiced in Memphis, Tennessee, removed to Grand Rapids in 1868; was secretary and president (1880) of the Grand Rapids Medical

Society; member of the State Board of Health, 1875, reappointed in 1881 and again in 1887. He was in 1891 consulting physician to St. Marks and consulting obstetrician to Union Benevolent Association Hospitals.[12]

Dr. Charles Luther Henderson (1817-1884), politically a "staunch Democrat, in religious matters inclined to skepticism as to dogmas," was a native of Troy, New York, and a graduate in medicine from Western Reserve, 1846. He spent a year after graduation in Sault Ste. Marie; came to Grand Rapids in November, 1847. He entered the army in 1861 as surgeon of the Second Michigan Cavalry, but "ardent, impulsive and sanguine in temperament this undertaking proved too much for his physical powers and in October, 1862, he resigned on account of ill health."[12]

Dr. Homer O. Hitchcock, of Kalamazoo, was a veteran of the Civil War. He was held in high esteem in civil life and was an ornament to the medical profession. (*See* numerous references throughout these pages and biographical sketch, Volume II, Chapter II.)

Assistant Surgeon Andrew J. Hobart, Niles, commissioned August 17, 1861, First Infantry, was promoted to be surgeon December 10, 1862, and was mustered out October 7, 1864.[9]

Dr. John Houston was a partner of Dr. Leasia in Williamston for about a year. He served with distinction during the war "as Commander of a Michigan regiment."[13]

"Dr. William F. Hovey, Civil War veteran, was in 1875 practicing on South Water Street (Bay City), but of late years he has retired for a well-earned repose from the exacting duties of his profession."[8]

Dr. Charles Howell, from Washtenaw County, served as assistant surgeon, Twelfth Michigan Infantry.[23]

Dr. Chauncey L. Howell, of Flint, who in 1892 was secretary of the Board of United States Pension Examining Surgeons, was born in Hillsdale in 1841.

At the age of twenty he enlisted in Company G, Second Michigan Cavalry. He was in the battles of New Madrid, Corinth, Perryville, Murfreesboro, Nashville, Chattanooga and Chickamauga. He also was a participant in the Wilson raid going as far south as Macon, Georgia, where he was mustered out after four years service. He reached the rank of second lieutenant.

He was in the drug and medicine business in Minnesota after returning from the army; entered Rush in 1871; practiced in Potterville and Hillsdale; was graduated at Rush in 1882 and located first at Goodrich, then in Flint.

He was a member of the Methodist Church, and was Sunday-school superintendent.[32]

Dr. W. T. Hoy came to America from Spain, his birthplace, in 1825. He served as surgeon of the Third Michigan Cavalry from 1863 to 1865; practiced in Saugatuck; in 1873 came to Muskegon.[20]

Dr. Henry A. Hoyt of Hoytville, Eaton County, located in Roxand in 1867. He had served in the army.

He was appointed postmaster of Hoytville in 1876.[13]

Dr. Theron T. Hubbard, of Saginaw, was assistant surgeon, Thirtieth Michigan Infantry.[36]

Dr. J. B. Hull, of Lansing, received in 1864 "the appointment of acting assistant surgeon of the United States Army and reported at the Clay General Hospital in Louisville, Kentucky. Soon afterward he was directed to report for duty to the First Battalion, Ohio Sharpshooters, Captain Barber commanding. This battalion was doing duty at the headquarters of the Army of the Cumberland, General George H. Thomas commanding. He retained his position until the close of the war when he returned to his home and profession. Early in the war he was appointed by Governor Blair, examining surgeon for the draft in Ingham County, which service he performed and examined nearly three thousand persons."[33] (*See* Volume I, Page 365.)

Dr. Edward Morris Hume was the son of Julius M. Hume, of Windsor, Berkshire County, Massachusetts, who moved to Wayne about 1832, and was for many years the only practicing physician in that region.

Born at Wayne, July 6, 1844, left an orphan at seven years, he became a member of his uncle's family in Battle Creek. His guardian took him to Norwalk, Ohio, and he studied there and at Oberlin. In 1862 he enlisted in the 101st Ohio Volunteers, was wounded six months later at the battle of Stone River and taken prisoner, but was recaptured and discharged in January, 1863.

He studied medicine with Dr. Alex Collar of Wayne and was graduated at the University of Michigan in 1866. He lived at Dearborn for two and one-half years, was a member of the Wayne County Medical Society; moved to Plainwell, became a member of the Michigan State Medical Society. In 1872 he located in Grand Rapids and was a member and officer of the Grand Rapids Medical and Surgical Society, which on his death in Dearborn in 1877 spoke of him in resolutions as an "earnest student and ambitious seeker after professional honor and truth whose talents gave promise of future distinction in the line of his profession."

He was the author of several papers, among them "Differential Diagnosis of Typhoid and Malarial Fevers," "Mercury," and "The Sound."[38]

Dr. Asa B. Isham in 1901 a resident of Cincinnati, enlisted with Seventh Michigan Cavalry as private in Company I, at Detroit in 1862.

He was more than once wounded and an inmate of Libby prison; honorably discharged April 14, 1865, for disability arising from wounds received in action. He completed an historical sketch of the Seventh Michigan. In an address to the Cavalry Association in 1901, he said, "You may depend upon it that the absent members bear us in mind tonight. The true soldier is ever responsive to the ties of comradeship, and you may rest assured that the living absent members will come in as occasion presents, to renew the bond of 'blood brotherhood.' "

The foregoing was obtained from an historical sketch of the Seventh Michigan Cavalry Association. (State Library.)

Dr. S. L. Jones, born in Pennsylvania in 1832, landed at Monroe Pier on the steamboat *Dart* in 1855. He surveyed Monroe County for a county map; began medical practice with Dr. J. H. Woods of Quincy in 1860; was graduated from the medical department, University of Michigan, in 1864 and in 1872 received an *Ad Eundem* degree from the Detroit Medical College.

He served as hospital steward, Thirtieth Michigan Infantry, and assistant surgeon, Eleventh Michigan Infantry, during the Civil War. At its close he settled in Deerfield, Lenawee County, and there practiced until 1880. Afterward he purchased the "Eureka House" at Petersburg where he now (1890) resides.[19]

Dr. George W. Jackson, born in 1836 in New York State, attended "Aunt Milly" Parker's school in the old River Raisin red school house, three months in the year and worked the remaining nine on the farm. Later he taught the Raisinville school and was "captured" by the winner of the first prize at public exercises, Miss Martha Andrews.

He left the University medical department where he was studying in 1863 and enlisted as a private in Company E, Eighteenth Michigan Infantry; took part in the defense of Decatur, Alabama, against General Hood's forces; was of the number sent out under Captain William C. Moore to dislodge a body of Confederate sharp-shooters, which feat they accomplished under a galling fire, capturing 115 prisoners.

In 1864 he was detached to act as surgeon of the Eighteenth Wisconsin Volunteers. Discharged in 1865 he returned to Dundee and became partner in a drug business; was graduated in medicine in the class of 1867, University of Michigan, and practiced until 1874, when failing health necessitated residence in Colorado and California for a time. He returned to Dundee in 1880.[19]

Dr. Edward P. Jennings (no residence given) was assistant surgeon, First Michigan Colored Infantry, of which Dr. Wesley Vincent of Oberlin, Ohio, was surgeon.[36]

Dr. Colonel D. Johnson, surgeon First Cavalry, 1861, resigned February 25, 1863, lieutenant colonel and medical inspector, U. S. A., February 9, 1863; brevetted colonel, September 30, 1865 "for faithful and meritorious services during the war." He resigned October 1, 1865.[12]

Dr. George K. Johnson, of Grand Rapids, became surgeon of the First Michigan Cavalry in 1861. He served with General Banks in the Shenandoah Valley in 1862, with General Buford, as medical director of a brigade of cavalry in General Pope's unfortunate campaign; was at the second Bull Run where his friend, Colonel Brodhead, lost his life.

In 1863 he was appointed to the corps of eight medical inspectors, and assigned duty with the Army of the Potomac; was present at the battles of

Chancellorsville and Gettysburg; held subsequently for nearly two years the responsible and laborious office of medical inspector of the Middle Army Department. After four years' service he returned in 1865 to practice in Grand Rapids.

He was an influential member of the Michigan State Medical Society for many years and president in 1880; was surgeon-in-chief for three railroads and member of the Board of Pension Examining Surgeons; was chief of staff and consulting surgeon to St. Marks and consulting physician to Union Benevolent Association Hospitals in 1891.[12]

Records of his blameless life and professional activities appear in divers chapters elsewhere in this history. (*See* Volume I, Page 207.)

Dr. James H. Johnson, born in Niagara County, New York, in 1839, was graduated at Buffalo Medical College in 1866.

At 22 years of age he enlisted in the Seventh Cavalry; later he entered the navy as assistant surgeon; was in shipwreck on the Bahamas in 1865.

He located in practice in Whitehall in 1871.[20]

"Dr. Robert Johnston established himself in Milford in the spring of 1866 not long after his return from Southern battlefields where he had gone into many dangers."

He was born in Pennsylvania in 1838; was four years old when his parents moved to Missouri. He entered Rensselaer Academy and at eighteen began teaching. Later he was a student at Keokuk University, Iowa.

In September, 1861, he enlisted in the Fifth Missouri Infantry, was honorably discharged in March, 1862. July 3 of that year he was graduated from Cincinnati Medical College and "at once went on duty at Camp Denison as surgeon. In September he was appointed assistant surgeon in the 100th Ohio Infantry and participated in engagements in Kentucky, Tennessee and Georgia; was made prisoner at Limestone Bridge and confined in Libby two months. Discharged therefrom he returned to his command and was mustered out July 3, 1865.

He was graduated at Bellevue in 1866 and located in Milford, where "it was not long before he had his hands and heart full."

Gratification of other tastes came with worldly prosperity. He owned a large farm in Dakota (in 1891).

He was for twenty consecutive years member of the school board; was surgeon of Milford Post, G. A. R., and a member of Oakland County Academy of Medicine.[35]

Dr. J. T. Keables came to Decatur in 1851. He served three years as surgeon in the Third Michigan Cavalry.[9]

Dr. Robert Clark Kedzie (1823-1902) was born in Delhi, New York, January 28, 1823. When he was a small lad the parents moved to three hundred acres of virgin forest west of Monroe, Michigan. In 1841, with a borrowed capital of twenty-five dollars, he entered Oberlin College, and on graduating, in 1845, taught in Rochester (Michigan) Academy for two years. In

1851 he graduated in the first class of the medical department of Michigan University and settled in Vermontville, Michigan. In 1861 he enlisted as surgeon of the Twelfth Regiment of Michigan Volunteers. After the battle of Shiloh he was taken prisoner while caring for the wounded; on release was so ill that he returned home. Recovering he accepted the chair of chemistry in the Agricultural College at Lansing and in 1863 moved there. He was president of the Michigan State Medical Society in 1875; professor of chemistry, Michigan Agricultural College 1867. He was a large man physically, mentally and morally; had a large head, high brow, firm chin, prominent nose, blue penetrating eyes, was quick in movement and speech, his countenance kindly and expression winning.[37]

The first call for 75,000 three months' men, and the unfavorable results, opened eyes to the fact that a tremendous struggle had begun. When the call for more soldiers came Dr. Kedzie responded. He enlisted about thirty men for the Twelfth Michigan Infantry, who joined Company G, under Captain Isaac M. Cravath of Lansing. Humorous incidents occurred. Dr. Kedzie asked Bob Hope to enlist, and was promised a reply in the evening, when he said: "I guess I won't go; Milo Deuel told me that when I went into battle I would have to wear two plow points hung in front and two in the rear, and if that's the way they rig soldiers I don't want to enlist."[30]

He was for many years member of and president of the State Board of Health.[29]

He represented Ingham County in the legislatures of 1867-1868.[1]

"Some thirty-two valuable papers on municipal health testify to his keen oversight of the public good."[37] (*See* Chapter V, this volume, and Volume I, Pages 139, 334.

Dr. Rufus Kibbee, surgeon Fifteenth Infantry Branch County enlisted April 9 and resigned October 3, 1862.[10]

Dr. David B. Kilpatrick came of a warlike family in Scotland, whose lineage was traceable to the Covenanters. With his parents he came to America in 1847. After one winter in Hastings the father located on a farm in Woodland. He spent two years in school in Vermontville, then attended Kalamazoo College until the spring of 1864, with the exception of six months' service in the Second Michigan Infantry, Company K, 1861. Returning to Michigan he entered the University, but his health failed. In July, 1865 he received an A.B. from Rochester University. He pursued medical study in the Michigan University until 1866, then began practice in Woodland; was graduated in 1875 at the Detroit Medical College.

He was a Baptist, a radical Republican, a total abstainer from liquor and tobacco. He worked hard to acquire means for his education.[7]

Dr. Restcome R. Kirby, born in 1829 in New York State, came to Michigan in 1836. He was for two terms a medical student in Ann Arbor and was graduated from Buffalo Medical College in 1854. He married the daughter of Dr. J. L. Tucker of Erie, Monroe County, and began practice in Newport; was appointed in 1861 assistant surgeon, Twenty-seventh Ohio

Infantry, but at his request was transferred to the First Ohio Cavalary. He was in the engagement in which Colonel John Washington of Lee's army lost his life and during that at which General Shields was wounded. His army career was eventful and his record meritorious. At one time owing to the vicissitudes of battle, he was in full command of a squadron of cavalry as well as acting surgeon thereof. He was of the command in pursuit of Stonewall Jackson in the Shenandoah Valley; was in the battles of Winchester and Bull Run, and participated in the pursuit of Morgan. He resigned in 1865, reduced in weight from 205 to 146 pounds, practiced medicine until 1874 in Lambertville, then removed to Petersburg, Monroe County.[19]

Dr. Peter Klein of Detroit was sometime "United States surgeon at the Detroit barracks."

"The calling of a physician is one that brings into play as many of the powers of mind and body as any in which man can engage . . . . The city of Eaton Rapids, Eaton County, is the home of a number of men who are exerting themselves as practitioners and who are doing a grand work in alleviating suffering and saving life."

Dr. Amos Knight was "one of these." He was born in 1835. The war broke in upon his studies at Albion College. After returning from service he worked in a store, had a course of lectures in the medical department, University of Michigan, was graduated from Western Reserve, Cleveland, in 1869, and in 1871 from Rush. In 1874 he spent several months in attendance at the College of Physicians and Surgeons, New York.

He was a member of the county, state and national medical societies and attended an International Medical Congress. He was "a loyal and gallant soldier . . . enlisted in 1862 as a private in Company D, Fourth Michigan Cavalary—the regiment which captured Jefferson Davis. He took part in several of the most famous battles of the war, among them Perryville in 1862; Stone River in 1863; Murfreesboro and Chickamauga in 1864, and Atlanta. After the Atlanta campaign the cavalry force was divided and the detachment to which Dr. Knight belonged returned to Louisville Kentucky, where it was remounted and received eleven month's pay. It was then sent to Nashville to assist General Thomas in his operations against Hood, but did not reach the city until after the battle. A cavalry corps was then organized under General Wilson and started on a raid through Tennessee, Central Alabama and Georgia, bringing up at Macon, Georgia. After various experiences in the way of skirmishes and dashes, the advance guard of the body met General Cobb, with a flag of truce, and through him received the news of the surrender of Johnston. In the meantime they had learned of Lincoln's assassination with feelings that were a "strange mixture of grief and indignation." They went into camp at Macon, but after a few days were sent after Jefferson Davis, whom they captured near Erwinville, May 10, 1865. "After that notorious man was taken to Washington, the force returned to Macon, turned over their horses to the quartermaster and took mules on which they went to Nashville, where they were mustered out July 1, 1865."[13]

Dr. Weston Orson Knowles "a gallant ex-officer of the Civil War" was born in Genesee County, New York, in 1845; came to Michigan in 1859.

On the organization of the Twenty-seventh Michigan Volunteer Infantry he enlisted and was commissioned second lieutenant; was promoted on the battlefield of Ream's Station, Virginia, to the rank of first lieutenant, and transferred to the command of Company F. "His war record includes a list of thirty-six general engagements, in which he took an active part, besides many skirmishes." (A list of them reads like a general roster of important battles of the war. C. B. B.)

Returning to Michigan after muster out in 1865 as first lieutenant and brevet captain he cleared land and built a log house near Ovid. Later he engaged in the commission business in Ovid. In 1871 he went to Saginaw, Michigan, entered upon the study of medicine, and practiced there until 1880 when he came to Grand Rapids. There he specialized in "treating nervous disorders by magnetism."

"Politically he is a Liberal, but may be denominated a Free Silver Republican." He was an unsuccessful candidate for coroner in 1896; "did not, of course, expect to be elected" being in the minority party, but was an "ardent supporter of the greenback theory" and "an earnest worker and orator during political campaigns."

"In religion the doctor is a Spiritualist, is a decided medium, and devotes his Sundays entirely to public demonstrations. He is in general demand as a medium before intelligent audiences both in Grand Rapids and elsewhere, and has given some peculiar and convincing proofs of the presence of the spirits of lost loved ones."[5]

What are the lessons to be drawn from the foregoing? "Why this detail over the unimportant," many a pained reader will inquire. The answer is:—

1. That before the day of primaries the electorate had enviable opportunity for composite self-expression.

2. That a Spiritualist can get away with numerous battle scraps unscathed.

Dr. Chauncey E. Koon, born in New York State in 1844; attended college in Hillsdale; graduated from the Chicago Medical College in 1872 and located in Casnovia.

He enlisted in the Eleventh Michigan Infantry in 1861; was commissioned second lieutenant in 1862 and subsequently was promoted to be first lieutenant, then captain.[20]

Dr. John C. Lampman, born in 1838, who "has done much to elevate the standard of medical knowledge in and about Hastings, Barry County," came there in 1877. He was graduated at the Eclectic Medical Institute at

Cincinnati in 1860, and on the beginning of the Civil War "enlisted in the Eighty-first New York Infantry which was organized at Oswego, and for a year and a half gave his best services to the Union cause. After his return from the field of carnage, he remained at home for a short time and came to Michigan in 1865."

He carried on professional work in Baltimore township, Barry County, for twelve years, then entered the drug business at Hastings. After fifteen months he gave attention entirely to practice which was "sufficiently large to occupy all the time that he can spend in activity and frequently shortens his hours of rest."

He delighted in the meetings of the State Medical Society and added to the interest thereof by "his own experiences and observations."

He acquired a "fair share of worldly goods, was a Republican, and a believer in prohibition."[31]

"Of the pioneer physicians of Bay City in 1865, the only ones left are Dr. Landon and Dr. Johnson of St. Johns." Of the ten resident in 1865 Dr. Landon was the sole survivor then living when Captain Gansser's "History of Bay County"[8] was published in 1905.

Dr. Henry B. Landon was born in Monroe in 1840; was graduated A.B. from the University of Michigan in 1861; was commissioned that year first lieutenant, Company D, Seventh Regiment Michigan Volunteer Infantry, of which regiment he was later appointed adjutant. In that capacity he served in the battle of Fair Oaks, and was severely wounded—shot through the chest and right arm. He resigned in consequence of this and entered the medical department, University of Michigan (1862); remained there a year when he was appointed assistant surgeon of his former command. In the spring of 1864 he resigned and resumed medical study; was graduated M.D. from the University of Michigan in 1865 and received a year later the degree of A.M.

From 1865 to 1890 he practiced in Bay City, from the latter year in Denver, until January, 1894, when he returned to Bay City.

He was a member of the Loyal Legion and G. A. R. and one of the earliest members of the Bay County Medical Society. (*See* Volume II. Page 392.)

Dr. George W. Langford, born in Pennsylvania in 1840, resided in Lenawee County until the time of the Civil War; had three months' service in the First Michigan Infantry and three years in the Eighteenth Michigan; was a prisoner in Castle Morgan for three months.

He received two years' instruction in Adrian College; was graduated in medicine at the University of Michigan in 1869; settled in Belle Oak. In 1872 he came to Webberville and in 1889 to Williamston, Ingham County. He was for eleven years postmaster at the former place; was successively surgeon, commander, and chaplain of the G. A. R. post at Webberville and later surgeon of that at Williamston.[33]

Dr. Egbert Hamilton Lathrop died at his residence in Hastings, Michigan, March 7, 1908. He was born in Moravia, New York, in May, 1839. His parents came to Michigan at an early day and located near Marshall. Later they moved to Barryville, Barry County. When the Civil War broke out Dr. Lathrop was teaching, but promptly offered his services, enlisting in the Eighty-first Illinois. He was taken prisoner at Vicksburg and for eleven months confined in Andersonville prison. At the close of the war he studied medicine, graduating from the Cleveland Homeopathic College. He married Clara Polhemus, and in 1873 located in Hastings where he passed the remainder of his life.

Two children survive, Dr. Clarence P. Lathrop of Hastings and Miss Olive Lathrop, assistant in the State Library at Lansing."[30]

Dr. Daniel A. Laubenstein, born in Hungary in 1816, a graduate in the arts (1834) and in medicine (1845) in Vienna, served in the Austro-Italian War until 1848. He came to the United States in 1849 and practiced in Trenton, New Jersey, and Springfield, Missouri; "was in the war until 1863," practiced in Kalamazoo from 1863 to 1867, then moved to Grand Rapids; was city physician in 1874, coroner in 1880.[12]

In 1889 he moved to a city "made famous" by ——————. (Suppressed by the Censor.)

Dr. A. Lawrence, of Oxford, enlisted in the Civil War. (*See* Volume I, Page 452.)

Dr. Morgan L. Leach, of Traverse City, compiler of an exceedingly readable history of the Grand Traverse Region (*See* Introduction to this history, Volume I, Page xvii), was born in Clarence, now Lancaster, Erie County, New York, April 6, 1821. He came to Michigan in 1825, and in 1842 he became a resident of Mundy, Genesee County. By the death of his father, the main care of the family devolved upon him at the age of twenty. Deprived of school privileges, he made good use of such opportunities as fell to his lot and gained a fair proficiency in some of the higher studies.

He was graduated in the medical department, University of Michigan, in 1858; served in the Civil War in the First Michigan Cavalry, and afterward as assistant surgeon in the Ninth Michigan Cavalry. On General Bank's retreat from the Shenandoah Valley, he was badly wounded and fell into the hands of the enemy.

At the close of the war he resumed practice and at times engaged in other business projects, together with literary work. He was twice married.[30]

"Many are the lives of men unwritten, which have nevertheless as powerfully influenced civilization and progress as the more fortunate great whose names are recorded in history."

Thus the preface to a sketch of Dr. Robert LeBaron (1838-1927) of Pontiac in the "Portrait and Biographical Album of Oakland County," Page 255.

He was descended from French and Puritan ancestors and born in Batavia, New York; was graduated from the medical department, University of Michigan, in 1861 and began practice in Livingston County, but soon received appointment as assistant surgeon, Fourth Michigan Infantry. He spent nearly two years in service, the latter part of the time acting as regimental surgeon; was with the Army of the Potomac until July, 1864, when it was mustered out.

In August of that year he located in Pontiac.[35]

Dr. Charles W. Leonard, of Newaygo, was assistant surgeon, Tenth Michigan Cavalry.[36]

Dr. Octavius C. Lyon, born in Ontario County, New York, in 1842, educated in medicine at the University of Michigan, enlisted August 7, 1862, in Company D, 126th New York Infantry, as private. He was made prisoner at Harper's Ferry in 1862, paroled and sent North; was wounded at Gettysburg in 1863; transferred to the Veteran Reserve Corps in January following, and served there as sergeant until the close of the war.

He came west in 1866, taught school in Martin, Allegan County, studied with Dr. G. B. Nichols, attended medical lectures in Ann Arbor, and was a student in Detroit hospitals.

Graduated in 1869, University of Michigan, he formed a partnership with Dr. Jabez Perkins, also a Civil War veteran, in Owosso, which continued three years. Afterward he went to Grand Rapids and entered the drug business, practicing medicine the while. Later he lived in Union City, Tekonsha and Jackson. In the last two places he operated drug stores.

Although a Civil War veteran he was (in 1881) a Democrat.[15]

Dr. Henry F. Lyster, of Detroit, a gallant Irishman, was surgeon of the Second Michigan Infantry in the Civil War. He records that on July 18, 1861, he attended the first Michigan soldier wounded in the war. He was Matthias Wallenweber, a private in Company A. Three days later Dr. Lyster made the first amputation suffered by a Michigan soldier. This was at Bull Run and its subject was Frederick Waustinberg (or Wustenberg?) of the same company. Waustinberg lost his left arm.

He was promoted to be surgeon of the Fifth Michigan in July, 1862, and to be brigade surgeon a year later; was wounded at the battle of The Wilderness May 5, 1864; was mustered out July 28, 1865.[30]

Writes Dr. Walter J. Cree:† He was "a very dignified and courteous gentleman, very witty. One morning he came before his class and proceeded to use his handkerchief. His fingers ran into holes, he turned the linen with similar results. He smiled and said, 'Gentlemen, you now see the holiest of the holies.' "

A paper on "Amputation through the Condyles of the Femur" (operations at Gettysburg and elsewhere) by Dr. Lyster, is published in the *Detroit Review of Medicine and Pharmacy,* Volume I, 1866. (*See* Volume I, of this history, Pages 342, 482, 730.)

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†Personal Letter.

"Mrs. Lyster, the accomplished and patriotic author of this song ('Michigan, My Michigan') was the wife of the eminent physician and surgeon, Dr. Henry F. Lyster, of Detroit."[30]

Dr. Abraham P. McConnell, of Pontiac, was surgeon, Twenty-second Michigan Infantry.[36]

Dr. Otto C. McDannel (1844-1918), of Lowell, a type of the "old time family doctor," was born in Keokuk, Iowa, June 5, 1844. At the age of nineteen he finished a medical course at the Medical College in Keokuk, but on account of his age did not receive at that time his diploma. He served as an assistant surgeon in the Union Army during the years 1863 and 1864, and after the Civil War took a postgraduate course at Rush. He later served as interne at Mercy Hospital. After a short time in practice in Logansville, Wisconsin, he came to Lowell, Michigan. There he practiced for a period of about fifty years.

He was one of the most prominent as well as one of the most loved citizens in that community; was a member of the Congregational Society, served faithfully for many years on the Lowell school board; was trustee and president of the village; president of the board of trade; a member of the Masonic Lodge, the Order of the Eastern Star, a chapter Mason, a Knight Templar, and a member of the Shrine.[5]

Dr. Theodore A. McGraw of Detroit. (*See* Volume I, Chapter X, and numerous references, Volumes I and II.)

Dr. Donald Maclean, of Ann Arbor and Detroit. (*See* Volume I, Pages 456, 484, and numerous references, Volumes I and II.)

Dr. William J. McHench, of Howell, is mentioned in the "Portrait and Biographical Album of Ingham and Livingston Counties" as "a scholar by nature with a love for research." The present reviewer remembers him as a competent physician, thoughtful, sincere and highly esteemed. (C. B. B.)

He was a native of New York State, born in 1831; was educated in Malone Academy, taught school after coming to Michigan in 1854; was graduated from the medical department, University of Michigan, in 1858, where he had a special course in analytical chemistry and microscopy. From 1857 to 1859 he assisted Dr. Bingham of Brighton; then moved to New Hudson; took special medical study at Jefferson in 1859.

He practiced in Brighton until 1864, then entered the army as contract assistant surgeon; returned to Brighton at the close of the war.

In 1870 he had a special course in Bellevue on the eye, ear, heart and lungs, and in physical diagnosis.

In 1876 he was a delegate to the Centennial Medical Convention, Philadelphia.[33]

Again an echo of the "Patriot War." Dr. McHench's father was captain in a New York regiment therein. (*See* biography of Dr. E. A. Theller, Volume I, Page 302.)

Dr. Hamilton Sheldon McMaster, the oldest practicing physician of

Dowagiac, was born in New York State in 1842. He was of Revolutionary ancestry, and in the maternal line harks back to the *Mayflower*.

Educated in the district schools and working on the farm during summer months until eighteen years of age, he then attended Dansville and Lima Seminaries in New York. In the latter institution, one of his instructors was the temperance agitator, Frances E. Willard. He came to Michigan in 1867 and attended Albion College for two years; studied medicine with Dr. H. L. Baker at Blissfield, and at the Eclectic Medical College in Cincinnati, and Bennett, Chicago, where he was graduated in 1871.

After a time in Battle Creek he came to Dowagiac, later went to Grand Rapids and returned to Dowagiac.

He enlisted in 1862 at the age of twenty and was assigned duty with Company B, 130th New York Volunteer Infantry. He served until the close of the war, the regiment being changed to cavalry in 1863 and known as the Nineteenth New York, and also as First New York Dragoons. These commands were engaged in numerous battles and formed a part of General Sheridan's Corps. Ill, and in the hospital at Washington, he was made nurse and ward master. It was while thus engaged that he conceived the idea of studying medicine.

He was a member of the Methodist Church, of the United Workmen, of the Grand Army of the Republic; was sometime vice president of the National Eclectic Medical Association; was a Lincoln Republican, a prohibitionist, a partisan of Bryan and at the time of the publication of a biographic notice in the history of Cass County was a Socialist.

He had a farm and thereon cultivated ginseng; was "a man of push and progress" and had "no untried standards."[11]

Dr. Maiden, born in 1841, came to Alpena in 1865. He was graduated at Queens University in 1858 and received an *Ad Eundem* from Bellevue.

He was in charge of the military telegraph department in Alexandria, Virginia, for four months, then was made acting surgeon, U. S. A., and assigned duty in Wolf Street Hospital in Alexandria. In July, 1864, he took charge of Dangerfield Post Hospital in the defenses of Washington, and remained there until the close of the war.

Owing to a fall from his horse, while visiting hospitals, his hip was severely injured. This necessitated exsection of the joint, an operation which was performed successfully by Dr. Sayre of New York.[17]

Dr. Jacob McNett, of Grand Haven, was second assistant surgeon, First Michigan Sharpshooters.[36] (*See* Volume I, Page 376.)

Dr. John T. Main, an eminent physician of Jackson, born in Maine in 1831, was sometime principal of China Academy, his *Alma Mater*, also of Freedom Academy. He was chosen and re-elected member of the Maine legislature.

He graduated in medicine at Harvard in 1867, came to Jackson in 1872.

He was surgeon of the Second Regiment Maine Volunteers for a time, but ill health compelled his resignation.[15] (*See* Volume I, Pages 447, 449.)

"Dr. Wells Marsh, a Kalamazoo boy, graduate of Michigan University, and surgeon during the late war (1861-1865), practiced for a time in Kalamazoo."[16]

Dr. H. M. Marvin, who came to Coloma in 1855, served in the Union Army as surgeon in 1864.[9]

Dr. John W. Mason, of Dundee, came to Michigan in 1832; was surgeon in the Sixth Michigan Heavy Artillery. "He was always with us," said Major Soule, "whether in the long toilsome march through the cypress swamps, across the deep lagoons of Louisiana low lands or on the lonely watch at our hastily improvised hospital tent on the field, giving such care and consolation as only his big brotherly heart could give."[30]

Dr. John B. K. Megnault, of Mt. Clemens, was surgeon of the Eighth Michigan Cavalry.[36]

Dr. Hiram R. Mills (1837-1906), of Grand Rapids, surgeon to the Michigan Soldiers Home, died suddenly of disease of the heart "while dressing for a Thanksgiving dinner at the Hotel Pantlind."

He "was born in Saline, Washtenaw County, July 11, 1837; enlisted as private in Company H, Twentieth Michigan Infantry, August 7, 1862; was detailed for service in the camp hospital at Jackson, in which capacity he served until September 19, 1863, when he was made hospital steward of the regiment. March 29, 1865, he received a commission as assistant surgeon of the Eighth Michigan Cavalry Regiment. He served as such until honorably mustered out of the service, September 22, 1865. The Twentieth Regiment was assigned to service in the Ninth Army Corps, which it joined at Sharpsburg, Maryland, soon after the battle of Antietam, and Dr. Mills followed its fortunes through all the campaigns of that noted corps, including Fredericksburg, Vicksburg, Jackson, the return to Kentucky and Tennesse, including the battle of Campbell Station, the siege of Knoxville, and the fearful winter campaign succeeding, known as the "Valley Forge of the Civil War." Back to the Army of the Potomac in May, 1864, he participated in the frightful battles of The Wilderness, Spottsylvania Court House, North Anna, Bethesda Church, Cold Harbor to Petersburg, and its long siege of ten months. Just before Lee's surrender he was promoted to be assistant surgeon of the Eighth Michigan Cavalry, which regiment he joined at Pulaski, Tennessee, and where he served until mustered out with that regiment. Immediately after the war he was stationed at Mackinac Island as surgeon of that post, and several years later removed to Port Huron, engaging in private practice. April 11, 1903, he was appointed surgeon of the Soldiers' Home, Grand Rapids, which difficult position he filled with great ability, and to the comfort and welfare of the feeble veterans under his kind supervision."[30]

Dr. Gaylord B. Miller was born in Torringford, Connecticut, in 1831; was prepared for college at Stockbridge (Massachusetts) Academy. He studied medicine at the University of Michigan, session of 1850 and 1851; was graduated at Berkshire in 1852.

He came to Grand Rapids in 1863; was assistant Civil War surgeon in hospitals there and in Jackson; joined the army at Chattanooga, was on the Atlanta campaign; was discharged for physical disability.

For three years he was president of the Grand Rapids Board of Health.[5]

He was for six months acting assistant surgeon in the United States Army (1864) and was stationed at Jackson, Michigan, and Resaca, Georgia.

He was sometime member of the State Medical Societies of Massachusetts, Connecticut and Michigan, of the American Medical Association, of the Grand Rapids Medical and Surgical Society (president, 1876).[12]

Dr. Sylvester L. Morris of Dowagiac, was commissioned surgeon of the Fifth Michigan Volunteer Cavalry, October 23, 1863; resigned July 28, 1864.[11]

Dr. Thomas Morrison, born in Perth, Scotland, in 1829, was educated, classically, in Canada; graduated at the Buffalo Medical College in 1855. He settled in Wayne County and practiced his profession, but "engaged principally in the drug trade."

He was a Wayne County representative in the legislature of 1877-1878 and senator from the third district, 1881-1882.

He served one year in the Civil War as acting assistant surgeon.[29]

Dr. Walter Bacon Morrison, born in Grand Rapids in 1838, graduated at Long Island College Hospital, 1865, "served during the war in the volunteer service, being at first hospital steward and later assistant surgeon Third Infantry. He came to Muskegon in 1865, to Grand Rapids in 1879. For three years, 1884 to 1887, he practiced in Honduras, Central America, then returned to Muskegon.

He was city physician at Grand Rapids for a year, and coroner of Kent County in 1883-1884.[12]

Dr. Charles V. (or W.) Mottram, went to Kansas from Kalamazoo where he practiced for several years (1861-1864). He served "with distinction and success" as surgeon of the Sixth Michigan Infantry in the Civil War.[16]

He was a brother of the pioneer physician, William Mottram.

Drs. Isaac and Horace C. Mudge (father and son) of Port Huron. (*See* Volume I, Page 437.)

Dr. George W. Murdock of Washtenaw County, was promoted from hospital steward to assistant surgeon, Fifteenth Infantry.[23]

Dr. Alfred K. Nash of Trenton was assistant surgeon in the First, also the Fifth Michigan Cavalry.[36]

In the beginning of the Civil War, Dr. Richard W. Nelson, then in Bloomington, Illinois, assisted in recruiting the Twenty-sixth Illinois Infantry Regiment; as assistant surgeon he served at various stations until June, 1864, when resignation, the result of arduous duty, was necessitated.

He came to Lansing following discharge, practiced "in the regular school" until 1865, then "accepted the ideas of Hahnemann."

He was professor of obstetrics in the Michigan Homeopathic College established in Lansing in 1871 "and served until the enterprise was abandoned."[13]

A versatile and popular man was Dr. Frank D. Newberry, who evidently discovered at an early period that he had no *flair* for humdrum practice.

Born in Oakland County in 1842, he entered Williams College in 1859, but left this seat of advanced learning in May, 1861, to enlist in the Fifth New York Volunteer Infantry (Duryee's Zouaves); was in battles in Eastern Virginia from Big Bethel to Chancellorsville.

He graduated from the medical department, University of Michigan, in 1865; in 1867 began teaching and was principal of the schools at Rochester and later at Union City.

He was elected clerk of Branch County in 1874; studied law and was admitted to the bar. He held the offices of city attorney, member of the school board, circuit court commissioner and prosecuting attorney.

He was a private in the National Guard Second Infantry in 1876, captain from 1878-1886, lieutenant colonel 1886-1887, inspector general 1887-1891.

With his company he enlisted in the Thirty-second Michigan Volunteer Infantry for the war with Spain; was mustered out in 1898. Three days later he was elected prosecuting attorney, but resigned and accepted a commission in the Thirtieth United States Volunteer Infantry. He served twenty-one months, sixteen of them in the Philippines. Mustered out in 1901, he resumed the practice of law in Coldwater; was representative from Branch County in 1903-1904.[29]

Dr. Elmer D. North, born in Ingham County in 1841, was a son of H. H. North, who came to Michigan in 1839.

He taught in Delhi township and in Delta, and entered Michigan Agricultural College in 1861, but didn't long remain there as "his patriotic impulses got the better of his love of learning."

He was in Company E, Eighth Michigan Infantry, then sergeant in Company D, Fourteenth Michigan, which latter regiment was part of the Army of the Cumberland and "active during the siege of Corinth." He served three years and seven months.

Returning home he studied at the "old Academy in Lansing,"† then at Albion (B.S., 1870). He taught in Leslie and in Dansville; was county superintendent of schools for four years; was graduated at Detroit College of Medicine in 1881 and located in Lansing; was a member of the board of pension examiners—a "lover of fine horses."[33]

Dr. John D. North of Jackson. (*See* Volume I, Pages 357, 444.)

Dr. Myron Northrup of Port Huron. (*See* Volume I, Page 434.)

Dr. Francis M. Oakley of York, Washtenaw County, was assistant surgeon in the Twenty-fifth Michigan Infantry.[36]

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†Evidently a misprint. It should read "Olds' Academy." I was there myself. (C. B. B.)

Dr. Willoughby O'Donoughue of Albion was assistant surgeon of First Michigan Engineers and Mechanics.[36]

A great-great-grandfather of Dr. Rollin Carolus Olin of Detroit was a soldier under General Greene in the Revolutionary War.

Dr. Olin was born in 1839 in Wisconsin; attended Carroll College at Waukesha; was a student at the State Normal School at Winona, Minnesota, at the opening of the Civil War. In August, 1861, he enlisted as a private in Company B, Third Minnesota Infantry, was promoted to be second, and afterward first lieutenant. In the battles of Pittsburgh Landing, Shiloh, and at Murfreesboro, his regiment was captured and all its officers who were present at the engagement, except Lieutenant Olin and two others, were sent to Libby prison. He was paroled. Later he was ordered to the Minnesota frontier to assist in quelling an insurrection of the Sioux Indians. At the close of that campaign he was appointed judge advocate of the military commission which tried four hundred Sioux, of whom twenty-eight were executed. He was in command of eight companies of his regiment in the battles of Wood Lake and Yellow Medicine River, and so deported himself as to win the appointment of adjutant general on the staff of General Sibley, with the rank of captain. He accompanied that officer during the campaign of 1863 across the Dakotas, during which the battles of Pah-Ha-Tonka or "The Big Hill," Rice Lake, Stony Lake, and at the crossing of the Missouri River, were fought. He resigned in February, 1865. After several years' experience as bookseller at Saint Paul, and as teller of a bank at Owatonna, Captain Olin came to Michigan; was graduated from the medical department of the University of Michigan in 1877. He adopted the homeopathic system of treatment and opened an office in Detroit, for general practice, giving especial attention to diseases of children.

He has been president of the Michigan State Homeopathic Society; member of the Board of United States Pension Examiners; member of the College of Physicians and Surgeons of Michigan, of the Military Order of the Loyal Legion, of the medical staff of Grace Hospital, Detroit, and the American Institute of Homeopathy.[26]

Dr. Charles A. Osborne, of Northville, was assistant surgeon, Eleventh Michigan Cavalry.[36]

Dr. F. K. Owen, a native of Pennsylvania (1843) was reared to manhood in Missouri. He attended a seminary in Albany, graduated from the medical department, University of Michigan, in 1872.

He enlisted in "the three months' troops from Missouri" and in the Eleventh Missouri Cavalry; was subsequently a member of the Sixth and of the Forty-third Missouri Volunteer Infantry; was taken prisoner at Glasgow, Missouri, but paroled the day following; was honorably discharged June 3, 1865.[23]

He must have seen about the same length of service as Dr. Batwell, but his was in the ranks. (*See* the latter's claim, this chapter.)

"Dr. Nelson I. Packard (1830-1897) of Sturgis, Michigan, was the oldest son of Dr. Ira F. Packard, still living (1898) at the age of eighty-nine. who with his family came to Sturgis in 1839.

He graduated from Cleveland Medical College in 1850, returning thence to Sturgis, where he practiced general medicine and surgery for nearly half a century.

During the Civil War he served as first assistant surgeon of the Eleventh Regiment Michigan Infantry. He was prominent and successful, not alone in a professional sense, but in business pursuits, and accumulated a competency of this world's goods—an achievement as commendable as it is rare in the practice of medicine. He must have been held in high esteem indeed, as it was stated that "many homes have never been entered by any other physician," and that "the business houses of the city, the schools and the factories were closed during the funeral ceremonies."

He was unostentatious, unassuming, charitable, and generous, taking an active interest in all that concerned the well-being of his kind.

He held various positions of trust, and evinced an interest in public affairs worthy of emulation. He was a member of the school board continuously for nearly thirty years; was president of the board of stewards of the Methodist Church, and for twelve years president of the First National Bank of Sturgis.

He was a member of the G. A. R., a Mason and Knight Templar; a member of the Michigan State Medical Society, American Medical Association, and National Association of Railway Surgeons."[38]

Dr. Edward L. Page died at his home in Michigan Center July 12, 1891, of paralysis. He was born in Jackson in 1843, graduated from the University of Michigan, practiced medicine in Muskegon for ten years. He served for a time during the Civil War at Lookout Mountain.[30]

Dr. William H. Paine of Eaton Rapids, assistant surgeon and for a time surgeon in charge, died on the Steamer *Westmorland* on the trip up the Mississippi River after the Vicksburg campaign, 1863.[13]

Dr. W. A. Paine (no place given) was assistant surgeon (under Dr. S. S. French of Battle Creek) of the Twentieth Michigan Infantry (records of Michigan Adjutant General's office). Was this perchance Dr. William H. Paine?

The Second Infantry had on its roster from Washtenaw County the names of Surgeon Alonzo B. Palmer, Hospital Steward Henry Clelland (Cleland?) and Richard S. Vickery promoted from private to be assistant surgeon and surgeon.[23]

Dr. A. B. Palmer's army service. (*See* Volume I, Pages 477, 479.)

Dr. Elmore Palmer of Washtenaw County was second assistant surgeon of the Twenty-ninth Michigan Infantry.[23]

Dr. Oscar Palmer's parents came to Hudson, Michigan, when he was two years of age, from Westfield, New York, in 1843. He received an academic education; was graduated in medicine at Georgetown, D. C.

He was soldier, hospital steward, and assistant surgeon nearly three and one-half years, then engaged in business in Jonesville, and edited the *Independent;* moved to Grayling in 1881, engaged in farming and manufacturing, and published the *Crawford Avalanche.* He was a member of the State Board of Agriculture for two years; was representative in the legislature of 1883-1884.[29]

Dr. William H. Palmer "has the honor of being one of the first white children born in this county," his birth occurring in what was then the village of Jacksonburgh, August 8, 1839.

He studied medicine with Dr. Gorham "one of the pioneers in the profession in this state" and attended lectures in the State University 1859 to 1861. He entered the service as hospital steward "soon after the outbreak of the Civil War," and was promoted in 1862 to the post of assistant surgeon of the Ninth Michigan Infantry. The regiment, assigned to the Army of the Cumberland, operated in Kentucky, Tennessee and Alabama. He continued in service until 1864.

He was associated for two years with Dr. Cyrus Smith, later with Dr. Davis.

He was sometime member of the Jackson City Council, supervisor, member of the school board, and influential in the "Great Council of Red Men for the State of Michigan."

He was affiliated with the "Greenback party" at one time.[15, 34]

Dr. Dayton Parker, member of the Wayne County Medical Society, Michigan Surgical and Pathological Society and the Michigan State Board of Charities, died suddenly at his home (Detroit) August 19, 1918. He was a graduate of the University of Michigan and a Civil War veteran.[25]

He was born in Dundee, Michigan, January 17, 1846; educated in the public schools of Dundee, and Petersburg, Michigan. In 1863 he enlisted as a private in the Sixth Michigan Heavy Artillery, serving with that regiment until the close of the war. Mustered out in 1865, he returned to Michigan and during the ensuing six years was engaged in the study of medicine with Dr. J. J. Littlefield at Petersburg. In the winter of 1872-1873 he attended lectures in the medical department of the University of Michigan, following which he removed to Ogden and engaged in the practice of his profession. Subsequently he entered the Detroit Medical College, from which he was graduated in 1876, with the degree of M.D.

Following graduation Dr. Parker settled in Blissfield, Michigan, where for several years he was associated with Dr. Hal C. Wyman, who later moved to Detroit. With the assistance of Dr. Charles Rynd, he was instrumental in the organization in 1880 of the first board of pension examiners for Lenawee County and served successively as chairman and president of that body until

1885. He was also for several years president of the board of education of the village of Blissfield.

In 1887 Dr. Parker located permanently in Detroit. For a number of years he was professor of practice of medicine in the Michigan College of Physicians and Surgeons (College of Medicine?) and since 1895 has filled the chair of professor of gynecology in, and member of the board of trustees thereof. He is consulting physician to and a trustee of the Detroit Emergency Hospital, a member of the American Medical Association, the Michigan State Medical Society; the Tri-State Medical Society, Wayne County Medical Society and Michigan Surgical and Pathological Society.

Dr. Parker is prominent in Masonic circles; was one of the organizers and first commander of Scott Post No. 243, G. A. R., of Blissfield, Michigan. Of his children, Burton D. is a physician and (was) associated in practice with his father.[26]

Dr. P. D. Patterson of Charlotte. (*See* Volume II, Chapter VII.)

Dr. A. M. Hume of Owosso, his sometime partner, writes of Dr. Jabez Perkins that he was "one of the leading physicians in this part of the state; would also be one of the wealthiest if it were not for his generous nature, and his inability urgently to demand what is due him from patients who seem reluctant or unable to pay."

Dr. Perkins was born October 26, 1820, in Defiance, Ohio, where he "spent his boyhood days until he reached the age of fourteen years, when he went to Williams County, Ohio, and there grew to manhood assisting in a mill and on the farm. He entered the Wesleyan University of Ohio at the age of eighteen, where he pursued his studies for two years, and then commenced the study of medicine with Dr. John Paul. He took the first three courses of lectures in the medical department of the Western Reserve College at Cleveland."

He "commenced his practice at Springville, Michigan, and in 1859 took a course of lectures at the College of Physicians and Surgeons in New York City. After leaving college he made a trip through the South and upon his return in 1860 resumed his practice. In July, 1862, he was appointed surgeon of the Tenth Kentucky Regiment, and soon afterward was promoted to the office of medical director of the Twentieth Army Corps, which position he held until October of the following year, when he was commissioned surgeon of volunteers. He remained in this position until October, 1865, and during the time was a member of General Elliot's staff and had charge of Hospital No. 19 at Nashville, Tennessee. He was retained in the employ of the government until October, 1865, and made trips to different cities in its interest.

"After being released from his army position, the doctor returned to New York City and spent eight months at the College of Physicians and Surgeons, and then came to Owosso, Shiawassee County, and engaged in general practice to which he has since devoted his time and energies. He has built up a reputation not only as a medical practitioner but also as a surgeon, and few in this part of the state stand higher than he.

"While living in Lenawee County, Michigan, in 1858, Dr. Perkins was elected to the legislature, where he served one term greatly to the satisfaction and profit of his constituents, and to the credit of the Republican party, which placed him in this honorable position. He is a member of the Owosso Lodge No. 81 F. & A. M., the Owosso Chapter No. 89 R. A. M. and Corunna Commandery K. T. The doctor is a kind hearted and benevolent man, and does much for the unfortunate and needy, being ever ready to respond to the appeal of the distressed."

He died in Owosso, Michigan, November 7, 1907.

Said one of his old-time patients: "He returned from the Civil War, bringing with him the white horse which he had used in his army service, and Dr. Perkins and the horse grew old together."

This patient's daughter writes: "He was very fond of children and devoted to these as to others in a large clientele. Many times when my father had typhoid fever he would come at midnight or later if he had been to see a patient, and stay all night with mother." He "was always gruff in manner," she continues, "but kindness itself" although for many years crippled by rheumatism and necessitated to walk with two canes." "Damn it, wouldn't I cure myself if I knew how," he exploded to a woman who consulted him for this disease, pounding on the floor, the while, with both canes.

"One day in summer mother went to the basement to see about the washing which a German woman was doing. Mother leaned over the wringer and her breast was caught in the cogs. It was badly bruised and she suffered all night with great pain." The next morning she called on the doctor. "He sat at the diningroom table mending his stethoscope. He did not look up or speak to her at first but finally said, 'What do you want, Mary?' Mother told him that she had hurt her breast in the wringer and would have a cancer, so she wished him to cut off her breast. He said, 'Do you think I can do it with these?' and dropped the stethoscope on the table, and then, 'Go home and don't bother me. You won't ever have a cancer.'" (*See* tributes, Volume I, Page 430.)

Dr. Charles R. Perry of Lowell was second assistant surgeon, Twenty-first Michigan Infantry.[36]

Dr. B. T. Phillips (1840-1918) of Menominee, a native of Ohio, served in the Second Wisconsin Cavalry and with the Thirty-second Wisconsin Infantry during the Civil War. He graduated from Rush Medical College of Chicago in 1870, after which he located in Fond du Lac; in 1872 he moved to Menominee, Michigan.

Dr. Phillips served as president of the Wisconsin State Medical Society in 1892. He has been surgeon for the Chicago and Northwestern Railway, and for many years was surgeon of the Chicago, Milwaukee and Saint Paul, and before that was surgeon for the Milwaukee Northern Railway Company.

He was identified with the Masonic bodies of Menominee. He was a charter member of the commandery of which he was second eminent commander, also of the chapter and of Aladdin Temple Mystic Shrine. For sixteen years he was a member of the school board and was the first superintendent of schools of Menominee.

Dr. Zina Pitcher was surgeon of the post at Fort Gratiot in 1828 and at Saginaw in 1823-1824. After marriage he went to Sault Ste Marie, and from thence south on military service among the Indians of the Gulf States and gave much thought to the theory and practice of medicine among the Red Men, contributing articles on these subjects to scientific journals. In 1835 he came to Detroit and was at once in the front rank in both medicine and politics.[1]

He was appointed assistant surgeon in the army immediately after receiving his medical diploma in Middlebury College, Vermont, in 1882.[30]

By Judge Campbell in "Michigan Pioneer Collections," Volume 6, Page 481, the statement is made that in 1819 he was at the "Little Frontier Post" (Detroit).[30]

He retained his position in the army until the close of the year 1836, having been promoted to the rank of surgeon under the administration of Andrew Jackson while his cherished friend, General Cass, was Secretary of War.[30]

He served on the army medical board and board of visitors at West Point.[30] (*See* numerous references, Volume I.)

Dr. Alonzo Platt (1806-1887) born in New York State, was a descendant of the French Huguenots. He was graduated in medicine at Berkshire, 1829, and removed in 1832 to Ann Arbor, where he practiced for ten years. During the Civil War—he was then a resident of Grand Rapids—he was surgeon of the enrolling board for that Congressional district. "He was very charitable, and at one time kept a free dispensary at his residence."[12]

Dr. James A. Post, of Detroit, was born in Rutland County, Vermont, November 18, 1838. His parents finally settled in 1856 at Birmingham, Michigan, where he was prepared for college; was graduated from the literary department of the University of Michigan in 1861 and entered the medical department. In 1862 he served two months as medical cadet in the military hospitals, Washington, D. C., then enlisted in the army as hospital steward. After six months' active service in the hospitals of Louisville, Kentucky, he passed examination before a board of army surgeons, and was appointed assistant surgeon to the Twenty-eighth Kentucky Infantry. He served in the Second Division, Fourth Army Corps (Army of the Cumberland); was soon appointed to the rank of surgeon of the regiment. On July 4, 1865, while stationed at New Orleans, Louisiana, he resigned his commission on account of poor health, and returned to Michigan. In 1866 he was graduated from the medical department of the University of Michigan. He practiced medicine and conducted a drug store in Jeffersonville, Indiana, until

1868 when he returned to Birmingham. In 1884 he located permanently in Detroit. In November, 1885, he was appointed to the position of general secretary to the Detroit Association of Charities.[26]

Dr. D. C. Powers of Coldwater, served in the army as surgeon; was at one time mayor of the city; was a director of the Southern Mchigan National Bank.[10]

Assistant Surgeon Harvey H. Powers of Ionia County was promoted from the Twenty-seventh Infantry to be surgeon of the Third Infantry in August, 1864.[14]

Dr. Foster Pratt came to Kalamazoo in 1856. He was surgeon of the Thirteenth Michigan Veteran Volunteer Infantry.

His ancestors came to Plymouth in 1622. He was born in Mt. Morris, New York, January 9, 1823; received an academic education and at seventeen engaged in teaching; was principal of an academy at Angelica, New York, and from 1844 to 1847 of one at Moorfield, Virginia.

He was graduated in medicine from the University of Pennsylvania in 1849; practiced at Romney, Virginia, until 1856, when he moved to Kalamazoo; was president of that village in 1871; postmaster 1866-1867; representative in the legislature, 1859-1860. He aided in obtaining appropriations for the State Hospital, Kalamazoo, and was for many years trustee thereof.

He was surgeon of the Thirteenth Michigan Infantry, 1861-1865.[29] (*See* Chapters I, II and IV, this volume.)

"Dr. Albert Benjamin Prescott (1832-1905), professor of chemistry and pharmacy in the University of Michigan, was born at Hastings, New York, December 12, 1832; son of Benjamin and Experience Huntley Prescott, whose ancestor emigrated from England to Massachusetts in 1640. This ancestor, James Prescott, was of the fourth generation from James Prescott, who for bravery was made Lord of the Manor of Derby in 1564 by Queen Elizabeth. When nine years old Albert B. Prescott suffered a severe injury to his right knee which entailed long suffering and permanent disability.

"His general education was with private tutors and in 1864 he took his M.D. at the Michigan University medical department. In May, 1864, he passed the regular examination for the United States Army and was commissioned assistant surgeon with duty at Totten General Hospital, at Louisville, Kentucky. On August 22, 1865, he was discharged from service with the brevet rank of captain of United States volunteers and immediately entered upon his life work at Ann Arbor, in the laboratory of the University of Michigan, with the rank of assistant professor of chemistry and lecturer on organic chemistry and metallurgy. On the organization of the School of Pharmacy in 1868, its management was placed in his hands. He was successively professor of organic and applied chemistry and pharmacy; of organic chemistry and pharmacy, and professor of organic chemistry. From 1876 he was dean of the School of Pharmacy; from 1884 director of the chemical laboratory; fellow of the London Chemical Society; in 1886 president of the American Chemical Society; in 1899 president of the American Pharmaceutical Association. In 1886 Michigan University gave him her Ph.D.; in 1896 the LL.D.; in 1902 Northwestern University also gave him the LL.D.

"He contributed much to the literature of chemistry, in the form of reports of research work in analytical and organic chemistry; works of reference on these subjects; papers on the education of pharmacists and topics of general interest. His first book, "Outlines of Proximate Organic Analysis," greatly promoted this subject. Later investigation concerned the natural organic bases and certain other derivatives.

"In 1866 he married Abigail Freeburn who, with a foster son, survived him.

"Dr. Prescott died at Ann Arbor, Michigan, February 25, 1905, from Bright's disease."†

The military career of Dr. George E. Ranney of Lansing was both checkered and colorful, and the record of it requires between three and four double-column pages in the "History of Ingham and Eaton Counties" (1880). It reveals him as a competent and thorough-going surgeon and his disposition to abate naught of prerogative and to carry on in individualistic spirit is plain as a pikestaff.

"We honor the physician," writes his biographer, the Rev. George Duffield, "who has bravely maintained his post during a pestilence, if he lives, as a hero; if he dies, we lament him as a martyr, and erect an enduring monument to his fame."

Do we, and if so where are the monuments? But to continue with the Reverend Duffield—"Why not similar honor be given to the hero-surgeons of the war? and among others, to our modest friend and worthy fellow citizen, Surgeon Ranney of the Michigan Second Cavalry?"

Why not, indeed? So far from this being the case, however, the writer, a longtime resident of Lansing, knows not a schoolhouse, a building, even a thoroughfare bearing the name of Ranney.

The biographer is commendably biologic in his introduction. "Increasing attention," he writes, "is given to the question of ancestry . . . The received opinion now is that character is the result of innumerable influences from without and from within, which act unceasingly through life."

Many of the forebears of Dr. Ranney, born in Batavia, New York, in 1839, were "men of influence and position," and his mother was a direct descendant of Champlain.

At the age of twelve, Dr. Ranney, whose father came to Kent County and took up land, found it necessary—his father having died before this became productive—to fight the battle of life alone. This he did "through the young American's regular curriculum of farming, driving team, clerking and railroading." In the winter he attended school. At the age of seventeen he was freight and ticket agent at Stafford, New York. One, the son of a director, "despised his youth" and complained to his father that George should be dismissed. He appealed to the superintendent and after inquiry, the latter gave him a better position in his own office.

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†From Dictionary of American Medical Biography by Kelly and Burrage.

"Only a dead fish floats with the stream." He attended Stafford, Rushford and Gary Collegiate Academies. His youthful admiration became enlisted for a "certain beloved physician" in whom the "code of ethics was most happily exemplified."

The biography "widens into history" when he came to Charlotte, Michigan, in 1858. He clerked in a drug store, studied medicine with Dr. Joseph P. Hall, attended his first course of medical lectures at the University of Michigan in 1860-1861.

> "Then a red flash—the lightning across the darkness broke.
> And with a voice that shook the land, the guns of Sumter spoke."

He enlisted as a private and assisted Captain H. A. Shaw in recruiting a company for the Second Michigan Cavalry. He became third hospital steward and in 1862 was temporarily assistant surgeon. He was taken ill and mustered out; in convalescence attended another term and was graduated at University of Michigan in 1863. In June he was commissioned assistant surgeon and joined his former regiment.

A soldier was wounded. His own surgeon was unable to operate on account of "trembling nerves." Bullets whizzed "thick and fast," squadrons dashed "here and there," the wounded man was "on the ground," but under these difficult conditions the medical director, assisted by Dr. Ranney, made the amputation and the latter found immediate favor with his chief.

A similar episode in the Atlanta campaign. A soldier had lost a leg. His surgeon could not operate *under fire,* but Dr. Ranney could and did, acquiring "a reputation for nerve and self-possession that he never afterward forfeited." He was promoted to be brigade surgeon during the trying campaign that culminated in the capture of Atlanta.

At Chickamauga he was in great peril. He jumped from his horse without checking speed and took refuge in some bushes; was cut off from his command and forced to report to Surgeon Hawley at Crawfish Springs. There he was asked to sign the same parole as the soldiers. This he refused to do, declaring that according to existing cartel between the governments, surgeons were non-combatants and could not be made prisoners of war. He was "willing to be held as a hostage until the wrong was redressed" if the Federal Government had violated this pact.

The "controversy grew hotter and hotter" and he was told he must sign the parole or be put under guard. "Put me under guard, then," said the plucky surgeon.

A paper was finally produced by the Confederate surgeon with which all were satisfied except Bragg's adjutant general, "who had to pocket the affront from the sturdy 'Yank' as best he could."

Dr. Ranney spent forty-four days in Libby prison, interesting himself the while in a work on medical jurisprudence. Subsequent to this time he engaged in recruiting service in Charlotte; was in charge of the post hospital at Franklin, operated for the First Brigade in a church used as a hospital after the engagement at Pulaski.

After bitter fighting about Nashville "Dr. Ranney had the satisfaction of bringing every ambulance and every soldier safe within the defenses." It was "a proud day in the history of the young surgeon."

At Macon, Georgia, Dr. Ranney was in charge of a corps hospital. Here he had, among others, a large number of patients who had been under the care of Confederate surgeons, but whose cases through neglect or meager facilities had become pitiable in the extreme. Despite gangrenous wounds and sloughing arteries, all of these are said to have recovered.

He caused the arrest of Captain Wirtz of Andersonville for brutality toward prisoners. Likewise, wherever he found malfeasance "Rebel or Yank it was all one to him; where corruption was it must be cauterized."

The admirable Second Cavalry with which Surgeon Ranney served so long and effectively, was mustered out in 1865. He was then offered a commission in the 136th Colored Infantry as surgeon and remained with the organization until it was mustered out the following January; was stationed for a time in Augusta, Georgia, and attended a course of lectures in Georgia Medical College.[18] (*See* Chapters I, II, VII, this volume.)

Dr. Mahlon H. Raymond, born in Sharon, Washtenaw County, in 1836, entered Albion College at the age of fifteen, and subsequently taught school.

He was graduated from the medical department, University of Michigan, in 1859. In September, 1862, he was appointed assistant surgeon Twenty-sixth Michigan Volunteer Infantry. He became surgeon the following year and served until the close of the war.

He was president of the village of Grass Lake for three terms, member of the Michigan legislature in 1878; member of school board for twelve years.[15, 29] (*See* Volume I, Page 448.)

Dr. Albert H. Reed, born in 1842 in Michigan, enlisted at the age of twenty-three in the Twenty-fourth Michigan Infantry, and served until the close of the Civil War, when he returned and engaged in farming. He was graduated in 1870 from the medical department, University of Michigan, practiced in Columbia township, then in Napoleon. He had, in 1881, "a large practice."[15]

Dr. James Reeves was the first resident physician in East Tawas, having settled there in 1868; "and now [1883] upon the other side of three score years and ten, is still in practice."

Born in 1813, he studied medicine at New Lisbon, Ohio, and began practice in 1846. He entered the army as surgeon and remained until the close of the war. "His constant service afforded an experience of great value to him in the practice of his profession in subsequent years."

The region about East Tawas, he traversed "with an Indian pony and buckboard . . . through forests when roads were unknown."

He removed to Niles in 1877 and remained until 1882, when, upon the earnest solicitation of friends, he returned to East Tawas. He was conservative in surgery and "has saved many persons from being crippled for life." He is said to have had the "largest private Masonic library in the world."[17]

Dr. Charles W. Remington, Kalamazoo, was assistant surgeon, Thirteenth Regiment, Michigan Volunteer Infantry (1862-1864).[16]

"Our assistant surgeon, Dr. George R. Richards, was in the hottest of the fray, giving attention to the wounded. Amid a shower of balls in which it seemed that nothing could escape alive, he stanched the blood-flow from a wounded sergeant of Pennington's Battery U, Second United States Artillery, removed him to a more sheltered location, and amputated a leg. In every engagement this devoted medical officer was ever at the front, giving succor to the injured. He bore a charmed life, and never received a scratch during his entire service, although under fire as often as any other member of the regiment."

He was assistant surgeon, October 15, 1862; transferred to First Michigan Veteran Cavalry, November 17, 1865; mustered out March 10, 1866, and honorably discharged.[6] (Asa B. Isham.)

"Dr. Richards was ordered away, but Dr. Sinclaire of the Fifth Cavalry cared for me as well as circumstances would permit. He probed my wound and I fainted. . . . That was my condition on the glorious Fourth of July, 1863."[6]

"Dr. Richards and myself started for the captured train to investigate the ambulances for medicine or other supplies. . . . Dr. Richards had the lead and I was not far behind. Our course was over descending ground and at the end of the dry creek bed, which lay directly across our path . . . I could see Dr. Richards going straight for it. . . . I sheered my horse . . . if Dr. Richards failed I did not want to jump on him. We made the jump all right and escaped."[6] (Dr. Marvin A. Shafer.)

Dr. Marvin A. Shafer enlisted at Grand Rapids, December 10, 1862, as private in Company G, Seventh Michigan Cavalry; became hospital steward June 24, 1863, and assistant surgeon May 28, 1865, to rank as such from July 7, 1863. He was mustered out and honorably discharged at Fort Leavenworth, Kansas, November 7, 1865.

Dr. Adelbert H. Weston, in 1900 a resident of Colorado City, Colorado, who contributes an anecdote to the collection concerning those of the Seventh Cavalry, enlisted as private in Company B in 1862; was promoted to be corporal, to be sergeant, to be hospital steward; honorably discharged December 12, 1865.

"Yes, Major Granger lay dead before us. Soon two horsemen came galloping up to where I was. The surgeon, Dr. Richards, gave direction to the sergeant and told him to examine the pockets."[6] (David B. Rose.)

"Surgeon Richards was unable to secure any place for him in an ambulance."[6] (Roswell H. Holmes.)

Dr. John W. Richardson, born in 1828, came to Rose, Oakland County, in 1855, and there practiced medicine. Thereafter he was located in Holly, Stockbridge and Waterloo (1859) and had "charge of a mineral cure in Constantine."

He was appointed assistant surgeon of the Twenty-first Michigan Volunteer Infantry and served until the close of the war. Thereafter, in 1869, he attended lectures at Bennett Medical, Chicago.[15] (*See* Volume I, Page 447.)

Dr. Charles Gray Robertson was "an excellent type of his nationality" (Scotland, 1830). He studied with Dr. Taylor of Mt. Clemens in 1850-1851; attended medical lectures at University of Michigan; located two years later at Waterford; in 1853 became assistant surgeon to Clift mines, Lake Superior.

In 1862 he was graduated at Buffalo in medicine, and in the following year enrolled as assistant surgeon to the Eighth Michigan Cavalry. He became surgeon September 12, 1864; was with Sherman on the March to the Sea. He was taken prisoner during Stoneman's raid, but shortly released. Honorably discharged September 22, 1865, he located in White Star. Ten years later he moved to St. Clair, thence in 1877 to Clarkston.[35]

Dr. Simeon P. Root, of Somerset, was surgeon of the Eighteenth Michigan Infantry.[36]

Dr. William W. Root, born in Cato, New York, in 1837, was graduated in medicine from Michigan University in 1862, and from Bellevue in 1866. Between these dates he served three years in the army.[13, 29]

He became assistant surgeon, then surgeon of the Seventy-fifth New York Volunteers, and was executive officer of the Eighteenth Army Corps Hospital during Sheridan's Shenandoah Valley campaign.

After receiving the degree of M.D. from Bellevue in 1866, he located in Mason, Michigan; was for several terms supervisor, served many years on the board of education, was for four years president of the Ingham County Agricultural Society; was representative in the legislature of 1881-1882.[29]

Dr. Preston B. Rose, of Ann Arbor, was surgeon in the Fifth Michigan Infantry.[23]

John S. Rouse (1830-), hospital steward, Tenth Michigan Volunteer Infantry, studied under Dr. C. Earle, then of Orion, and began practice after a course at the University of Michigan in Hadley in 1862. "Not one in one hundred of our hospital stewards have rendered the faithful service that he has." He became assistant surgeon, Fourteenth Michigan Volunteer Infantry, in 1863.

Dr. Cornelius E. Rulison, of Flushing. (*See* Volume I, Page 340.)

Surgeon James Rundall, of Niles, was commissioned assistant surgeon, April 25, 1862, Twelfth Infantry; surgeon October 8, 1862; mustered out October 12, 1865.[9]

Dr. William H. Russel, born in Ireland in 1842, enlisted in the First Michigan Cavalry and was regimental bugler. He participated in no less than thirty-one battles and active engagements, among them Cedar Mountain, Second Bull Run, Gettysburg, Culpepper, the Wilderness, Cold Harbor and Winchester. At the latter place he was taken prisoner, made escape, was recaptured, and remained in prison above nine months. He was graduated in 1873 from Detroit Medical College and located in Clio; was a member of the Saginaw Valley Medical Society, president (1877) of the Soldiers and Sailors Association of Northeastern Michigan; United States examining surgeon; sometime member of the city council.

He was the owner in 1892 of real estate both in Clio and the Missouri Valley of Dakota.[32]

Dr. Oramel S. Ryder (no residence given) was assistant surgeon, Twentieth Michigan Infantry. Of this regiment Dr. Simeon S. French of Battle Creek was surgeon.[36]

Dr. Marden Sabin was born at Orland, Indiana, January 2, 1840, attended the Orland Seminary and prepared for college. In 1859 he entered the literary department of the University of Michigan, remained three years and passed examination for the senior class.

He enlisted as a private in Company B, 100th Indiana Infantry Volunteers, August 15, 1862; during three years was promoted to be sergeant, captain; served as adjutant of his regiment on staff duty and as judge advocate on courts martial. He commanded his company around Atlanta on the March to the Sea and until the muster out in June, 1865.

He studied medicine at Ann Arbor and was graduated at Cleveland in 1867; settled at Centerville, Michigan; was chairman of the school board and president of the village. He died at his son's home in Battle Creek, April 10, 1917.

He was senator from the eighth district, 1891-1892, and from the sixth, 1893-1894.[29]

He died in 1917.

Dr. William D. Scott, of Greenville, was assistant surgeon, Tenth Michigan Cavalry.[36]

Marion (Marvin?) A. Shafer, Grand Rapids, Michigan; Detroit Medical College, 1873; Civil War veteran; aged ninety; died, October 21, 1928, of cerebral hemorrhage.[24] (*See* Page 836, this volume.)

Surgeon Hulburt B. Shank, Lansing, served with the Eighth Infantry August 19, 1861, to January 11, 1862.[13]

Dr. Hulbert B. Shank (1820-1889), born in Springport, New York, became a teacher at the age of eighteen; was graduated at Geneva Medical College in 1846, practiced two years in New York, then settled in Lansing, Michigan. He was highly esteemed.

He was surgeon for the Eighth Michigan Infantry, retiring on account of ill health; served as examining surgeon for the third district until the close of the Civil War.

He was member of the board of control of the State Reform School; member and president of the board of education; president of the State Medical Society; representative from Ingham County, 1861-1862.[29] (*See* Volume II, Pages 19 and 286.)

Dr. Rush J. Shank, of Lansing, was a student in a Quaker academy at Union Springs, New York. At the age of fifteen he with other of the boys enlisted after hearing William H. Seward speak. He joined Company C, 148th New York Infantry; was with the Army of the Potomac before Petersburg; would not heed a letter from his father (H. B. Shank) who wished him to come home and said he could obtain his discharge on account of age. He was mustered out June 22, 1865. He declined to go to West Point when appointed; studied medicine with his father and was graduated at the University of Michigan in 1871.

He was a Knight Templar; was department commander, Michigan G. A. R., 1874-1875; was instrumental in the establishment of the Michigan Soldiers' Home and a member of the board of managers, 1887 to 1893; was United States pension examiner for ten years and special aide on the staff of commander-in-chief, G. A. R., in charge of military instruction in public schools in Michigan.[33]

Dr. Rush J. Shank's regiment was of the James River division of the army. He was present at the battle of Appomattox Court House, was through the Weldon Railroad raid and witnessed the fall of Petersburg and Appomattox.

Graduating in medicine, he practiced with his father, H. B. Shank of Lansing, until the latter's death. (*See* Volume II, Page 289, and other references.)

Dr. James M. Shepard, born in North Brookfield, Massachusetts, November 24, 1842, received a classical education at Wesleyan University, Connecticut; studied medicine and dental surgery in Boston.

He served during the war in the medical department, United States Navy.

In 1868 he located at Cassopolis, Michigan; published the *Vigilant*. He was for several years private secretary of Senator Palmer.

He was senator from the twelfth district, 1879-1880.[29]

Dr. Adna Sherman, of Lamont, was assistant surgeon, Seventh Michigan Cavalry.[36]

Dr. Daniel R. Sherman, "one of the prominent physicians and surgeons of Lansing" in practice since 1880, "ceased riding" in 1889 "and now attends only to those patients who come to him."

At the age of eighteen he enlisted in 1861 in the First Illinois Artillery; was with the Army of the Cumberland at Forts Henry and Donelson, at

Shiloh, Corinth, Vicksburg and Atlanta, "names that are all synonymous with that which is most terrible in warfare."

He served three years, then engaged in farming in Indiana, in milling in Missouri, in the grocery business at Coldwater, Michigan. He built the Brutus House midway between Petoskey and Cheboygan, and in 1876 a mill at Constantine; was first postmaster at Brutus.

He was graduated in medicine at Bennett, Chicago, in 1880, located in Lansing; was connected with the State Eclectic Medical Society.[33]

Dr. Victor Sinz, born in Switzerland in 1838, was educated in Naples; came to Indiana in 1859, settled in Casnovia Township, Muskegon County, in 1872.

He served in the Civil War for five months as assistant surgeon; was twice wounded.[20]

Assistant Surgeon James Sleeth, Byron, commissioned March 1, 1863; mustered out November 7, 1865.[21]

Dr. Talbert Sleneau, of Port Huron, enlisted at the age of thirteen. (*See* Volume I, Page 439.)

Dr. James F. Smiley, born in Elba, Genesee County, New York, June 2, 1835, was educated at Alexander Seminary and Cary Collegiate Institute; taught school during winters from 1853 to 1859; graduated at medical department, University of Michigan, in 1862; engaged in practice in Ingham County and later at Marshall.

He was contract surgeon in the United States Army.

He represented the first district of Calhoun County in the legislature, 1895-1896. He held the offices of supervisor, township treasurer and alderman.[29]

Dr. C. Clifford Smith, born in New Hampshire in 1828, was graduated from Portsmouth Medical College in 1852 and the same year located at Redford, Michigan.

He was a surgeon in the Civil War and a member of the jury commission for Wayne County in 1884.

He was representative from Wayne County, 1867-1868.[29] (*See* Volume I, Page 231.)

Dr. Charles C. Smith, of Redford, was assistant surgeon, Twenty-fourth Michigan Infantry.[36]

Dr. Cyrus Smith, "one of the most skillful and experienced of the leading physicians of [Jackson] County," was a native of New York State (1836). His father managed an "Eagle Hotel,"† at Niagara Falls.

He came to Michigan in 1894, was a student in the "University at White Pigeon," and a select school at Niles; was graduated from the medical department, University of Michigan, in 1857, and formed a professional connection with Dr. Edward Lewis of Jackson.

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†*See* biography of Dr. Theller, Volume I, Chapter VII.

He was "among the first to respond to his country's call," was appointed assistant surgeon, First Michigan Infantry, and on September 9, 1861, assistant surgeon, Ninth Michigan. He was soon promoted to be surgeon of the Twenty-sixth, but returned to the Ninth.

He "was always with the regiment at the front"—the first Bull Run, Murfreesboro. At the latter battle he was taken prisoner by General Forrest, but was released after ten days. The regiment was later in the battles of Stone River, Chickamauga and Mission Ridge. On May 4, 1864, Dr. Smith started on the Atlanta campaign with Sherman and took part in many battles.[34]

The biographic sketch states that he had a "high reputation" and "a fine sense of honor and a character unblemished"—all of which rings true.

Dr. Hamilton E. Smith (1840-1904), born in Buffalo, New York, attended public schools in Ontario and later entered Victoria College at Toronto. During the winter of 1857-1858 he studied medicine with the late Dr. Jamin Strong, the celebrated neurologist and physician of Cleveland, Ohio, who was a member of the "Giteau trial board," and superintendent of the Northern Ohio Asylum for the Insane. In 1861 Dr. Smith received the degree of M.D. from the University of Buffalo, New York, and for a short time following he practiced medicine at Lexington, Michigan.

In 1862 he entered the army as assistant surgeon of the Twenty-seventh Michigan Infantry; was promoted in November, 1863, to the rank of surgeon, and served in that capacity on the staffs of Generals Hartranft and Wilcox, and from early in 1865 until the close of the war was medical inspector. He was mustered out at Detroit, Michigan, in August, 1865, having been the first officer mustered in and the last mustered out in his regiment. He was the youngest surgeon in point of years who served in the (Civil) War.

After 1865 Dr. Smith practiced continuously in Detroit, and attained a prominent place. "During the years 1872 and 1873 he was pension examiner at Detroit, and after a year spent in California was made president of the Detroit Board of Health, in which position he served for one year. He is [1898] a member of the American Medical Association, the Michigan State and the old Wayne County Medical Societies, and was president of the latter society for one term. He is also a member of the Detroit Medical and Library Association, of which he was one of the organizers.

"Dr. Smith makes a specialty of surgery and the diseases of women and children, although he has a large general practice. He is a member of the Masonic fraternity, of the Knights of Pythias and of the Fellowcraft Club of Detroit; of the Military Order of the Loyal Legion of the United States, affiliating with Michigan Commandery, and of Fairbanks Post, G. A. R. For a number of years he was director in the Eureka Iron Company and is at present [1898] prominently identified with numerous business enterprises.

"During the late war Dr. Smith was highly recommended to headquarters in the reports of the battle of Petersburg, Virginia, for having saved the life of Assistant Surgeon Vickery of the Second Michigan Infantry, who was thought to be mortally wounded by a minie bullet which penetrated the thigh, severing the femoral artery. Dr. Smith stayed the hemorrhage. Dr. Vickery recovered, and has since become one of the first surgeons of America. Dr. Smith enjoyed the advantage of medical study abroad, having spent the years 1886 and 1887 in scientific studies in the great medical centers of Europe, Edinburgh, London, Vienna, Berlin, Paris and Rome. He also traveled extensively for recreation in Europe and America. "He is a gentleman of culture and refinement."[26]

A true estimate. (C. B. B.)

Dr. John Smith, a homeopath, Jackson County, who practiced there in the late eighties, was a captain of infantry in the Civil War.[15]

Dr. John S. Smith was born March 26, 1822, at Dighton, Massachusetts, graduated from Cleveland Medical College in 1844, practiced in Ontario County, New York, for two years, moved to Armada, Michigan, in 1847, and was engaged there in medical practice until 1860. Later he was graduated from the law department, Michigan University.

In 1863 he entered the army as quartermaster and served one year. Thereafter he engaged in farming and commerce.

He was senator from the thirtieth district, 1853-1854.[29]

Dr. Nathan G. Smith, "botanical physician," born in 1836 in Oakland County, whose early life "was passed among the Indians," came to Grand Rapids in 1854. He compounded his remedies from roots and herbs, was "successful as a physician," but "a failure as a collector of fees."

He was for two years surgeon of the Twenty-second Michigan Regiment and for three years in army hospitals. He had entire charge of Hospital No. 1, Murfreesboro, Tennessee, and was commended by the Inspector-General "for his honorable record in handling over $50,000 worth" of supplies. He served nearly five years.

He settled in Grand Rapids after travel "through thirteen different states" in 1870. He "never missed a call, night or day," never inquired "will he pay," and "signed but three death certificates in ten years." He had, in 1900, "never attended a funeral" or "been inside a church."[5]

Dr. W. B. Smith, a native of New York State (1838), was graduated from Ann Arbor High School in 1859. He was a student with his father and with Dr. Denton and graduated in medicine, University of Michigan, 1861. He served three months in the barracks at Detroit; in 1862 was commissioned assistant surgeon, Army of the Cumberland. He was on duty at Charles City Point, and Petersburg under a later appointment. Returning to Ann Arbor, he practiced medicine, specializing in obstetrics; was sometime treasurer of the County Agricultural Society, director of the Ann Arbor Savings Bank, chief of the fire department, twice mayor.[23]

Dr. William H. Smith, of Port Huron, enlisted at the age of eighteen. (*See* Volume I, Page 439.)

Dr. Hiram M. Snell, of Armada, was assistant surgeon, Eighth Michigan Cavalry.[36]

Dr. Charles Tracy Southworth (1827-1884) was a son of Dr. Tracy Southworth, for many years the partner of Dr. George Landon. He was born in Chenango County, New York, and came with his parents to Monroe at the age of sixteen. He was educated at Oberlin and University of Michigan, and was a student of medicine in 1845 at Physicians and Surgeons, New York. Subsequently he studied under Ricord and Trousseau in Paris, was hospital interne at and graduate from the University of Madrid in 1849.

In September of the above year he settled in Havana, Cuba; in 1851 went to Matamoras, Mexico, and subsequently to Vera Cruz. From 1853 to 1855 he was surgeon of cavalry, commissioned by General Santa Ana, and for two years thereafter surgeon-general of the army of Northern Mexico. He came to Monroe in 1859 and in 1863 was commissioned surgeon of the Eighteenth Michigan Volunteer Infantry, which position he resigned the following year on account of ill health.[19]

His death was accidental as was that of his father, and his son, Charles Tracy, Jr., elsewhere recorded.

He was a prominent figure in the American, the Michigan State and local medical societies. (*See* sundry references.)

Dr. Frederick F. Sovereign, born in Bristol, Indiana, in 1846, educated at Valparaiso College, enlisted in 1864 as a private in Company C, 131st Indiana, and at the time of his discharge, September 20, 1865, was orderly sergeant of Company B, 151st Indiana.

He graduated at Rush in 1869, came to Michigan in 1874, practiced successfully in Three Oaks.

He had various township offices as school director and school inspector; was senator from the seventh district, 1901-1902 and 1903-1904.[29]

Assistant Surgeon David C. Spalding, of Lyons (Muir?), served in the Sixth Cavalry, 1862-1863;[14, 36] was surgeon of the Tenth Michigan Cavalry.[36]

Dr. Frederick W. Sparling, of Detroit, was assistant surgeon, Fourteenth Michigan Infantry.[36]

Dr. Daniel A. Spicer, second assistant surgeon, Tenth Michigan Volunteer Infantry, came to Michigan in 1857 and practiced medicine in Newaygo until the breaking out of the war; was hospital steward, Second Michigan Cavalry; appointed second assistant surgeon, Tenth Michigan Infantry, September 23, succeeding Dr. Galbraith.

Dr. Cyrus M. Stockwell (1823-1899), of Port Huron, was born in Colesville, and received preliminary education in Oxford, New York.[29] (*See* Volume I, Page 300.)

Dr. Addison R. Stone, of Memphis, was assistant surgeon, Fifth Michigan Cavalry.[36]

Dr. Stephen S. Stout, "by occupation a farmer and physician," served during the (Civil) War in the Twenty-fourth Michigan Infantry. He was born in New York in 1829, held the offices of supervisor, county agent of the board of corrections and charities, in Allegan County; represented the first district of that county in the legislature of 1889-1890.[29]

Dr. John B. Sweetland, born July 4, 1834, in Tompkins County, New York, came to Michigan in July, 1861. He was a graduate in medicine of the University of Buffalo.

He enlisted as a private in the Fourth Michigan Cavalry and served thirteen months when he received an appointment upon the medical staff in the regular army.

He was representative from Cass County, 1875-1876.[29]

Dr. John B. Sweetland's connection with the village of Edwardsburg lasted forty years. He was a graduate of the University of Buffalo and a first class physician; also a man of affairs. He served as private and surgeon during the war, was politically active. He was also editor and publisher of the *Edwardsburg Argus*.[11]

"Dr. William O. Sylvester opened an office in Rochester in 1887 and is gaining ground among the people because of his theoretical knowledge, his care in diagnosis and treatment, and the personality that secures confidence in his judgment and interest in the suffering."[35]

The above are praiseworthy attributes. His military record is impressive. The latter begins with enlistment in 1862 at the age of twenty-one in Company F, 141st New York Infantry, which was connected with the Army of the Potomac. He was sent to Lookout Mountain in 1863, participated in the battles of Chickahominy and Suffolk, was present at Gettysburg but his command was not there engaged. At Peach Tree Creek and Atlanta his clothes were shot through, but he escaped wounds. He was with Sherman on the March to the Sea; was discharged in 1865; had been just previously clerk at Atlanta headquarters under Surgeon-in-Chief James Chapman.

He located in Barry County in 1866, read law and was admitted to practice in 1871, in Kansas; returned to Michigan, took a commercial course and practiced law in Grand Rapids; traveled in the interest of Bissell and Company. Next he studied homeopathy and was graduated from Hahnemann Medical College, in 1885. He entered the service of an agricultural implement firm in St. Louis. Later he practiced medicine in Chicago. Thence he went to Birmingham, and from there to Rochester, Michigan.

He was a "Good Templar," a member of the G. A. R., secretary of the Masonic Lodge and "his religious home is in the Congregational Church."[35]

Dr. Henry F. Thomas, born in 1843, was a student in Albion College at the outbreak of the Civil War. He enlisted in the Seventh Michigan Cavalry, became first sergeant, then second lieutenant; was in the battle of Gettysburg, and accompanied Kilpatrick in the raid on Richmond; served with Sheridan in The Wilderness and on the Shenandoah Valley campaign; was with his regiment during the Indian campaign of 1865 in Colorado and Dakota.

He was graduated in medicine at the University of Michigan in 1868 and was later given the degree of M.A. by Albion College. He engaged in practice in Allegan; was representative in the legislature from Allegan County, 1873-1874; senator from the fourteenth district, 1875-1876; member of Congress, 1893 to 1897.[29]

He began practice at Constantine, moved to Allegan in 1869; was president of the village in 1879.[7]

Surgeons William B. Thomas of Ionia and Francis G. Lee saw brief terms of service in the Civil War in 1862-1863 in the Twenty-first Michigan Infantry.[14]

Dr. Albert Thompson, a brother of Almon A., began his career as physician in Vermontville just before the Civil War. He was appointed assistant surgeon of the Third Michigan Cavalry March 3, 1864; was promoted to be surgeon October 4, 1864, and was mustered out February 12, 1866.[30]

He was born at Waterbury, Vermont, in 1831; was educated at Oberlin (Ohio) College; was graduated from the medical department, University of Michigan.

He enlisted in 1861, became hospital steward, then lieutenant, assistant surgeon, surgeon.

He was supervisor of South Haven for two terms; was senator from the thirteenth district, 1875-1876.[29]

Dr. Almon A. Thompson, of Flint, was born at Richmond, Vermont, in 1829, was a graduate of Oberlin College and of the medical department, Michigan University. He was successful as a physician and in business and held in high esteem; was "professor of anatomy in Olivet College." He was "the soul of honor" and occupied positions of public trust.[30]

He came to Vermontville from Olivet, and for the first year was in partnership with Dr. Kedzie. He made the village his home for nearly twelve years, and took a leading part in its social and intellectual life. He was commissioned, September 24, 1862, assistant surgeon of the Twelfth Michigan Infantry; resigned January 28, 1863; was made assistant surgeon of the Eleventh Michigan Cavalry, December 13, 1863; was mustered out August 10, 1865. He resumed practice in Vermontville; was elected representative in the state legislature in 1868; was appointed United States consul at Goderich, Canada, in 1871, and remained there until 1876; was consular agent at Stratford, Canada, for a short time; then settled in Flint, Michigan, where he recommenced and continued the practice of medicine until his death in 1893.[30]

In the "Portrait and Biographical Record of Genesee, Lapeer and Tuscola Counties" (1892), it is stated that after assisting his father to clear his Ohio farm, he entered Oberlin College at eighteen years of age, and graduated in 1854 as Bachelor of Arts. Two years later he became Master of Arts. He studied medicine under Dr. N. S. Townsend, ex-member of Congress; graduated from the University of Michigan, medical department, in 1856.

After graduating, he located at Middleburg, Ohio, in the practice of medicine, remained there eighteen months, then became teacher of anatomy, physiology, chemistry and natural philosophy at Olivet. In 1859 he located in Vermontville. In 1862 he was commissioned assistant surgeon of the Twelfth Michigan Infantry; remained with that regiment for six months, when he had typhoid fever, and resigned. In December of that year he became assistant surgeon of the Eleventh Michigan Cavalry, remaining with it until the close of the war. After a time at the Long Island College Hospital, he located at Flint and there enjoyed successful practice alone or in partnership with Dr. G. V. Chamberlain. He traveled quite extensively through the South and West.

He was twice married; was president of the Opera House Company and is still (1892) a director. In 1885, when the city passed through a smallpox ordeal, he served as city physician; was president of the Flint Board of Pension Examiners.[82]

Assistant Surgeon Samuel D. Toby, of Ganges, Allegan County, served from July 20, 1864, to July 20, 1865.[7]

"In the death of Dr. L. D. Tompkins on October 1, 1902, there passed away the oldest medical practitioner in the county. Arriving in the county in 1848, he saw and experienced the conditions of pioneer practice. Still alive a half century later, his retrospect covered the most important period in the development of medical and surgical practice, and he could appreciate as none others could the changes that a lifetime had wrought.

> "But perhaps it still is better that his busy life is done;
> He has seen old views and patients disappearing one by one."

A former account of his life says: "During the first eight or ten years of his residence in the county he almost invariably traveled on horseback. The roads were not then as numerous as now, and most of those which had been cleared and improved were in a condition inferior to those of the present. Large bodies of land were unfenced, and it was the universal custom among those persons familiar with the country when traveling in the saddle to save time by 'going cross lots' by way of the numerous paths leading through the 'openings' and heavy timber. Dr. Tompkins rode very frequently upon these paths and often in the darkness of night was obliged to lean forward upon his horse's neck to avoid being brushed from the saddle by overhanging limbs of the trees. Sometimes, wearied with travel and loss of rest, he would fall asleep in the saddle, but the trusty horse, plodding on through the darkness along the winding narrow path, would bring him safely home. At the time of his death Dr. Tompkins was more than eighty-five years old, a remarkable age for one whose earlier experiences had been so rugged. Born in Oneida County, New York, in 1817, he moved to Ohio at the age of fifteen, and there prepared for his profession and practiced until he came to Cassopolis in May, 1848. In 1852 he graduated from the well known Rush Medical College of Chicago. More than one physician now or formerly of Cass County ascribed the inspiration of his work to this aged doctor. In the history of Cass County medicine he will always be a venerable figure."[11]

He was commissioned assistant surgeon, Nineteenth Michigan Volunteer Infantry, August 12, 1862—resigned on account of disability September 7, 1863.[11]

Dr. George W. Towar, Jr., was born in Lyons, Wayne County, New York, December 14, 1835. He received early education in Oxford County, Ontario, and at Oberlin College, Ohio (1851-1855). He was graduated in 1858 from the medical department of Harvard University; practiced in Mountain City, Colorado, Santa Fe, New Mexico, and Denver, Colorado. At the breaking out of the Civil War he returned to Michigan, enlisted in the Twenty-fourth Michigan Infantry and was commissioned assistant surgeon, serving in that capacity until mustered out of service on June 30, 1865. Subsequently he removed to Jefferson City, Montana, where he remained a year, then enlisted in the regular army as acting assistant surgeon; was assigned to duty in the Department of the Platte, and remained in the service until 1882. In August of that year he removed to Detroit and established the Michigan Creamery, which he conducted until 1885, when he entered the employ of Towar Brothers, of which firm his father was senior member. In 1889 the firm was reorganized and incorporated under the title of the Wayne County Creamery, with Dr. Towar as vice president. On the retirement of his father in 1896 he became the president of the company. In addition to his large interest in the above establishment he is (1898) secretary and treasurer of the J. M. Flinn Ice Cream Company.[26]

Dr. Alonzo D. Treadwell began practice in the fifties in Cass County and continued for ten years until his death in 1874. He had a varied career, was largely self-educated, served in the army. For a time he was a partner with Drs. Tompkins and Kelsey.[11]

Dr. Tunnecliff, "who was then regimental surgeon, remembers the impregnable position of the rebels in the railroad cut." (Bull Run, August 30, 1862.) Fatalities followed efforts of the First Michigan Volunteer Infantry to dislodge them.

"Surgeon Tunnecliff passed over the ground immediately after the cessation of firing, beheld the body of his soldier comrade, and there resolved to take a souvenir of one whom he loved in life and honored in death. The circumstances of the moment hurried him to another portion of the field, and it was not until Governor Blair's visit to the army in 1863 that the first wish of Dr. Tunnecliff was realized. The governor and the doctor visited the well-known spot where Pomeroy fell, brushed away the little dust and clay which covered the skeleton, and took possession of the skull as the only relic that could then be found. Acting on the suggestion of Governor Blair, this remnant of a hero was brought to Jackson, and is one of the most prized articles in the doctor's study."[15]

Dr. Joseph Tunnecliff, Jr., of Jackson, born in Monroe in 1818, was the son of a German-American farmer who came to Michigan earlier than 1818 and returned to Herkimer County, New York. He was educated in Castleton College, Vermont, and came to Jackson in 1841. From thence he went to California, returned to Jackson in 1852; became surgeon of the Fourth Michigan Infantry at the outbreak of the Civil War and in 1863 became military agent of the state at Washington. "In 1841 he performed the first recorded operation in Michigan, for strabismus. He was so successful that it brought him prestige. He operated on fifty other patients in the following year."[4] Until the fall of 1848 he practiced in Jackson. He then attended Jefferson, Philadelphia, and was graduated therefrom in 1849.

After Bull Run he became surgeon of the First Michigan Volunteer Infantry. His health failed and in 1863 he was appointed state military agent of Michigan, headquarters in Washington, to care for the needs of Michigan soldiers. There he remained until the war closed.

He was surgeon to the Michigan Central, and examining surgeon for pensions, but having voted for Horace Greeley in 1873 he was asked to resign the latter position. He was prison physician nine years.

He is said to have operated in 1854 for double cataract successfully, the case being the first "outside of Detroit" in this state. He also made "the first successful operation for strangulated hernia in the history of medical practice in Jackson County."

He was "broad and unsectarian" and a "staunch Republican." He died in the year of publication of the biographic sketch (1881), from which the foregoing was extracted.[15] (*See* also Volume I, Page 444.) His name has been written Tunnicliff.

With no disposition to depreciate the outstanding excellence of such a character, some member of the "Old Guard" may question the staunch Republicanism of one who voted for Greeley, and this is introduced to spike his guns. (C. B. B.)

"His father was a very prominent physician in Columbia County, and the young man seems to have been divided in his affection for medicine and mechanics. After completing the public school course, he secured his father's permission to enter a machine shop where he could be instructed in mechanical engineering, spending his days among the whirring of wheels and the turning of great lathes, and his evenings in his father's study, just as much absorbed in works on physiology and anatomy. As a result of his work in the machine shop, he invented and patented several valuable devices, one of these being a fare-box for cars, and another being a street railway switch."

The above quotation is from an excellent biographic notice of Dr. Horace

Tupper, of Bay City, by Captain Gansser published in the "History of Bay County," Page 367, in which it is further recorded that after studying medicine with his father, he at the age of twenty (in 1850) entered the office of the distinguished Dr. Frank Hamilton, later of New York, at that time professor of surgery in the Buffalo Medical College.

From the above college Dr. Tupper was graduated in 1862 and "found a coveted opening in the Civil War, then in progress." He was assistant, then full surgeon with rank of major in an Ohio regiment and assigned to service in a battery of the Sixth Division of the Army of the Tennessee. He participated in the battles of Pittsburg Landing, Farmington and Corinth and in many minor engagements.

In 1863 he became interested in a saw-mill and salt-block but later returned to his profession and for fifteen years was the only accredited surgeon "in all this [Bay City and environs] locality."

He was one of the organizers of the Bay County and Michigan State Medical Societies.

"This great hearted, kind, genial, able man will long be remembered."[8] His death occurred in 1902.

Dr. Thomas Jefferson Turner was born in Philadelphia, September 21, 1928, and died at Mackinac Island August 20, 1901 . . . He was "of profound intelligence and rare attainments, a scholar of marked erudition and a physician and surgeon of distinction. He was a recognized authority on matters pertaining to hygiene and sanitation," was graduated from the high school (1848) and in medicine (1851) in Philadelphia.

He received honorary degrees in 1853, and in 1854 was made member of the Academy of Natural Sciences, Philadelphia; was also identified with the American Public Health Association and companion of the Naval order of the United States Naval Commandery. He entered the United States Navy as assistant surgeon December 16, 1853, and was prominently identified therewith as surgeon and medical director until 1891.

"During the Civil War he was fleet surgeon with Farragut at the battle of Mobile Bay. As surgeon and officer of the navy he visited nearly every country of the world. Following his retirement from the service he made Coldwater his home, where he was, for some six years, health officer of the city, and there he continued an energetic worker in behalf of local and state health measures."[10]

He resected a rib, in 1892, for a friend of the compiler.

Dr. William Upjohn, "the first resident physician of Hastings" (1841), was appointed, in 1862, by Governor Blair, surgeon in the Seventh Michigan Cavalry, was promoted to be surgeon-in-chief of the First Brigade, First Cavalry Division, Army of the Potomac. He was with Kilpatrick during raids on Richmond and accompanied General Sherman up the James River. He served with distinction until the close of the war.[31]

He was regent of the University from 1852 to 1858. In 1872 the University conferred upon him the honorary degree of Doctor of Medicine. He died at Hastings, August 2, 1887.[22] (*See* Volume I, Pages 184, 258, 260.)

David W. Vanderburgh, Port Huron and Ann Arbor, entered the United States Army as medical cadet in 1862; appointed second assistant surgeon, Tenth Michigan Volunteer Infantry, April 13, 1863.

Dr. W. S. Walkley, a native of Hillsdale County, assisted his father, who came to Casnovia, Muskegon County, in 1853, in clearing land.

In 1864 he enlisted as a private in the Twenty-fourth Michigan Infantry, served with the army until the close of the war, and thereafter with the Freedmen's Bureau.

He was graduated in medicine in Ann Arbor in 1877, and in 1879 opened an office in Spring Lake.[20]

Dr. Orestus Watkins was hospital steward, Second Cavalry, August 26, 1861, assistant surgeon, July 13, 1865, mustered out August 17, 1865.[12]

Dr. Edward Watson, born in Canada in 1840, brother of the distinguished astronomer, James C. Watson, was during residence in Plymouth, Michigan, secretary of the Wayne-Washtenaw-Oakland Medical Society; was health officer of Grand Rapids in 1888-1889.

He gave up earlier medical study to enter the United States Army in 1861. In 1871, after a period of residence abroad, he returned to Michigan and was graduated (1873) in medicine at the University of Michigan.

He came to Grand Rapids in 1884.[12]

Dr. A. B. Way, born in Ohio in 1839, enlisted as a private in the Sixth Ohio Regiment of Volunteers at the breaking out of the Civil War. He was transferred to the hospital department where he served two years. He came to Allegan in 1873.[7]

Dr. Daniel W. Weare (address not given) was surgeon of the Sixth Michigan Cavalry.[36]

Dr. Frank Webb was born in DeWitt, Clinton County, December 15, 1839; educated at Union School, DeWitt, and Michigan Agricultural College, Lansing. He began medical studies with Dr. G. W. Topping of DeWitt, 1862, but before completing them enlisted in the Union Army (February, 1864) as leader of a brigade band; served in the army until the close of the war; graduated from the University of Michigan, 1868.

"Soon after this he commenced the practice of his profession at Alma, where he soon entered into an extensive and laborious ride which engrossed his entire attention until the time of his death." This occurred from typhoid fever, January 16, 1875, at Alma, Michigan.

"He was highly esteemed both by his patients and neighboring physicians, for his practical sagacity and skill in the practice of his profession."

He was a member of the Masonic fraternity.[38]

Dr. Nathan Webb, born in Middlesex, New York, in 1808, was graduated in medicine in 1836; came to Pittsfield, Michigan, in 1846.

He was sometime supervisor, justice of the peace, anti-Mason, Democrat, Republican, of "wide information, literary tastes, firm principles and ready wit."

He sent three sons to the war and himself "served as surgeon for several months."

He was senator from the eighth district, 1861-1862.[29] (*See* Volume I, Page 285.)

Dr. A. F. Whelan of Hillsdale was with Dr. S. S. French of Battle Creek "in the field." (*See* Chapter I, this volume.) He was surgeon, First Michigan Sharpshooters.[36]

Dr. Isaiah J. Whitfield, who engaged in Grand Rapids "in the specialty of orificial surgery, to which he has devoted considerable attention, taking two or three postgraduate courses in Chicago," was, before graduating from the Cleveland Homeopathic College in 1870, a private in the Fourth Iowa Volunteers, and was promoted successively to be orderly sergeant and hospital steward; later he became assistant surgeon. He served in the army four years and seven months.

He came from Big Rapids to Grand Rapids in 1872 and "acquired a large and lucrative practice . . . With all his activity in professional life he has found time to be an energetic religious worker and has been the senior elder in the Church of Christ since its organization in this city in 1874."[12]

Dr. S. M. Wilkins, born in Ohio in 1836, crossed the plains to California in 1859, with an ox-team, narrowly escaping starvation and the tomahawk en route.

He had previously studied medicine, and in August, 1862, enlisted in the 102d Ohio Infantry. He participated in all the campaigns up to the battle of Stone River where he was detached from the regiment and assigned hospital duty as assistant surgeon; mustered out in 1865.

He was graduated in 1866 at Cleveland, had previously studied at Starling, Columbus. He received an *Ad Eundem* from Wooster in 1871.

He located in Eaton Rapids in 1866, was sometime president of the village and member of the council and school board. In 1878 and again in 1880 he was elected to the Michigan legislature.[13]

Dr. John Willett, born in New Brunswick, New Jersey, in 1820, graduated from Geneva Medical College in 1846 and began practice in Flint, Michigan.

In 1862 he was commissioned surgeon of the Eighth Michigan Infantry; served in the Thirtieth also. He remained in service until the close of the war, then returned to Flint and engaged in the drug business.

He was alderman in 1870, representative from Genesee County, 1877-1878 and 1879-1880.[29]

Dr. George B. Willson of Port Huron. (*See* Volume I, Page 432.)

Dr. James C. Willson of Flint was commissioned in August, 1860, by Governor Blair as surgeon of the Tenth Michigan Infantry. He was the youngest surgeon with rank of major to be commissioned from Michigan. In March, 1862, he became surgeon of the Eighth Michigan Regiment, then on the field at Beaufort, South Carolina. He was a participant in many engagements; was at the surrender of Fort Pulaski, where among others an Irishman passed his sword over with the following comment: "Major, I surrindther to you the sword of an Irishman and a soldier, one that was dthrawn in definse of the Stars and Stripes in the battle of Mexico, by one who knew no fears thin, naythur knows them now, I surrindther to might and not to right, be God. Major, take a dthrink with me."

At the battle of Charleston he worked incessantly, the Eighth Michigan losing out of 400, twenty-one officers and ninety-seven men. From this point his regiment was sent to Virginia. He was with Pope in the campaign to retard the Confederate Army marching on Washington. For thirty-seven days "we were marching nights and defending ourselves days." He participated in several skirmishes and the second battle of Bull Run.

At the battle of Secessionville and at the second Bull Run the horse he was riding was wounded and he was compelled to dismount. He was also at the battle of Antietam and South Mountain. On the latter battleground he "saw more soldiers who had been bayoneted than in any other battle during the war." Dr. Willson notes in an incomplete autobiography that after the "Stone Bridge" engagement he saw "on a small patch of ground near the end of the bridge the largest number I had ever seen of intelligent young men's faces turned skyward having lost their lives in defense of their position." It was here beside the stream "red with blood" where in the shelter of an old barn he was amputating the shattered limb of a soldier that a shot ploughed up the ground, scattered the dirt over the limb and knocked the saw from his assistant's hand. The latter disappeared from the barn and was not seen for weeks afterwards."

During the winter of 1862 and 1863 he was in camp at Falmouth Heights and much reduced in health. In the spring of the latter year he resigned his commission. (Extracted from Willson Mss.) (*See* Volume I, Page 349 *et seq.*)

Dr. James A. Wilson "decided to have a hand in the preservation of the Union" and in 1864 enlisted as sergeant in Company I, Third Michigan Infantry. His command was with the Army of the Cumberland and under fire at Decatur, Alabama, and Murfreesboro, Tennessee—in the latter battle for nearly three weeks continuously. He was with an expedition in pursuit of guerillas in Eastern Tennessee and later assigned police duty in San Antonio, Texas. He remained in service until May 28, 1866.

He was graduated from the medical department, University of Michigan, in 1871, taking more than the then customary two years' course, and was $150 in debt when he located at Hanover. He acquired a lucrative practice and came out "of his early struggles with flying colors."[34] (As befitted a sometime military man. C. B. B.)

The end in view doubtless justified the act of casting his first presidential vote for Lincoln when he was under age, but whether this was later approved by the Methodist Episcopal congregation, with which he was identified, doth not appear. It is a fairly safe gamble, however, that his renunciation of the "straight Republican ticket" in 1884 and alliance with the Prohibitionists met their sanction.

He was sometime village trustee of Hanover, president of the board of education, pension attorney, a Mason.

Dr. John B. Wilson of Pontiac was assistant surgeon, Fifth Michigan Cavalry.[36]

Dr. Isaac Wixom, born in Hector, New York, in 1803, received an academic and medical education. He settled in 1829 in Farmington and improved a farm; had an extensive practice in medicine and surgery. In 1845 he moved to Argentine, Genesee County, continued practice, but also engaged in milling and mercantile enterprises.

In 1861 he became surgeon of the Sixteenth Michigan Infantry, and followed it in twenty-two battles. After two years' service he resigned in consequence of ill health. In 1870 he moved to Fentonville.

"In June, 1845, he performed the first successful amputation at the hip-joint known in the United States and afterwards performed sixteen successful operations of that kind." (And this before the days of anesthetics.)

"He reached the highest degree in Masonry."

He was representative from Oakland County in 1838-1839 and senator from the sixth district, 1842-1843.[29]

Assistant Surgeon Lucius C. Woodman, Paw Paw, commissioned September 7, 1861, Third Cavalry, was promoted to be surgeon, Eleventh Cavalry, October 7, 1863. He was taken prisoner at Saltville, Virginia, in 1864 and sent to Libby prison.[6]

Dr. Horace P. Woodward of Blissfield, was assistant surgeon, Fifteenth and Eighteenth Michigan Infantry.[36]

Dr. Samuel Russell Wooster, born in New Haven County, Connecticut, in 1830, a graduate from Yale Medical in 1857, practiced in Grand Rapids until 1861, when he became assistant surgeon of the Eighth Michigan Volunteer Infantry.

In 1863 he became surgeon of the First Michigan Cavalry; was acting brigade surgeon most of the time and on duty at General Custer's headquarters. In 1864 he was appointed acting staff surgeon, and engaged in field and hospital work. He practiced medicine in Muskegon from 1865 to 1871, then returned to Grand Rapids; was pension examiner; member of the board of examining surgeons for pensions for sixteen years and its president from 1877 to 1887; was city physician and health officer in 1880; visiting surgeon to St. Marks and Union Benevolent Association Hospitals.[12]

Assistant Surgeon Alfred Wyker, Niles, commissioned in Fourteenth Infantry November, 1862; resigned June 1, 1863.[9]

Dr. C. C. Yemans of Detroit was second lieutenant of Company D, Twenty-fourth Michigan. (*See* his eloquent tribute to Dr. John H. Beech of the same command, Volume I, Page 230.)

Dr. William H. Young, Ann Arbor, was assistant surgeon, Ninth Michigan Cavalry.[36]

Dr. Leonidas E. Best, born in 1844, came to Overisel, Allegan County, in 1875; settled in Grand Rapids in 1878. He was graduated at Victoria, was for a time second assistant surgeon in the military barracks, Chicago.[12]

The services of Dr. Leonidas E. Best were possibly late in the Civil War period, but this is uncertain. (C. B. B.)

Spanish-American War

As Dr. Biddle has so well shown in the first article of this chapter, medical organization at the time of the Spanish-American War was hopelessly inadequate and no end of praise is due to Dr. Victor C. Vaughan and to Dr. Andrew P. Biddle, especially, for devotion to duty and marvelous accomplishment under depressing handicaps. The story of camp life at Chickamauga and elsewhere, of post-Santiago-battle conditions, of lack in hospitalizing, in transportation and in provision for the wounded and disabled even after their return to this country, is tragic in the extreme, and requires no repetition. Out of the murk, however, came two luminous rays —the results of the investigation as to typhoid by the commission of which Dr. Vaughan was a member, and the determining of yellow fever etiology.

Speaking of transportation for the disabled, a brief digression as indicating popular conception of the functions of a psychiatrist may be pardonable. All Flint was at the station to meet its local company of veterans home-coming from Cuba. Many were ill and wretched, and every one of the citizens in carriages was anxious as any Endeavorer to "lend a hand." Armed with a hypodermic syringe, bandages, gauze and divers stimulants I had crowded my way to a favorable position and with Oak Grove's conveyance furnished as an ambulance, stood ready to succor the needy. "I want a doctor," called out a nearby hack-driver as an ailing soldier was committed to his care. "Here, here," I responded. Whereupon the blow fell: "Oh, it's you is it, Doc? I want a physician."

Dr. Biddle has obtained the following list of medical officers:

THIRTY-FIRST MICHIGAN VOLUNTEER INFANTRY

Major Andrew P. Biddle, Surgeon, Detroit.
Captain Charles D. W. Colby, Assistant Surgeon, Jackson (promoted to major).
First Lieutenant Frank K. Owen, Assistant Surgeon, Ypsilanti.
First Lieutenant Allen D. McLean, Assistant Surgeon, Detroit.

THIRTY-SECOND MICHIGAN VOLUNTEER INFANTRY

Major Lawrence D. Knowles, Surgeon, Three Rivers.
Captain John L. Burkhart, Assistant Surgeon, Grand Rapids.
First Lieutenant Odillion B. Weed, Assistant Surgeon, Detroit.

THIRTY-THIRD MICHIGAN VOLUNTEER INFANTRY

Major Charles B. de Nancrede, Surgeon, Ann Arbor.
Major Victor C. Vaughan, Surgeon, Ann Arbor.
Major Henry D. Thomason, Surgeon, Albion.
Captain Louis W. Pease, Assistant Surgeon, Saginaw.
First Lieutenant Guy G. Bailey, Assistant Surgeon, Cheboygan.
de Nancrede and Vaughan promoted from regiment.

THIRTY-FOURTH MICHIGAN VOLUNTEER INFANTRY

Major James A. King, Surgeon, Manistee.
Captain John A. Bobb, Assistant Surgeon, Calumet (Died).
First Lieutenant Julius M. Wilhelm, Assistant Surgeon, Traverse City.
Captain Gilbert V. Carpenter, Assistant Surgeon, Iron Mountain.

THIRTY-FIFTH MICHIGAN VOLUNTEER INFANTRY

Major Oliver P. Barber, Surgeon, Saginaw.
Captain Howard A. Grube, Assistant Surgeon, Coldwater.
First Lieutenant Laurel B. Sandall, Assistant Surgeon, AuSable.

U. S. S. YOSEMITE (MICHIGAN)

Passed Assistant Surgeon Delos L. Parker, Detroit.

Aware that the foregoing list should be much enlarged, an appeal was published in the March, 1930, number of the *Journal of the Michigan State Medical Society* from which the following is an excerpt.

> "As to the Spanish-American [War] a record has been received, but data in the hands of the Committee indicate that this is incomplete. Further information may be difficult to obtain, but diligent inquiry will doubtless bring much to light."

To this two replies were received.

To go on with the story, therefore, with material assembled here and there.

"Dr. Delos Leonard Parker, son of Leonard B. and Jane (Sparrow) Parker, was born in Marine City, Michigan, December 27, 1857. He was educated in the schools of Marine City and at the high school of Ann Arbor, entered the University of Michigan in 1876; graduated from the literary department in 1881 and from the medical department in 1883. At the close of his freshman year in the University he left college for a year and a half, during which time he sailed on the Great Lakes. Subsequent to graduation he began the practice of his profession at Marine City, where he remained until 1890, when he took a review course at the College of Physicians and Surgeons, New York City. In July of that year he removed to Detroit and established his practice. In 1885, Dr. Parker was appointed by President Cleveland pension examining surgeon at Port Huron, serving in that capacity until 1889. Dr. Parker is an original member of the Detroit Naval Reserve and has been surgeon for that organization since the establishment of the office in 1895. In 1896 he was appointed lecturer on materia medica at the Detroit College of Medicine and is still [1898] serving in that capacity."[26]

At the time of his death, at the age of sixty-nine, he was emeritus professor of pharmacology and therapeutics, Detroit College of Medicine.

He wrote in 1891 on "Pleasant Medication"† that, "the laity has been unanimous in asking for pleasanter medication and this unanimity has shown the request to be a just one. The profession, however, with a perseverance that cannot be explained, has paid slight attention to this universal call."

The pharmaceutical chemists eventually discovered this slothfulness and in altruistic spirit made the dose easy, and lightened to the laity the burden of obtaining it. (C. B. B.)

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†Published in the "Transactions of the Detroit Medical and Library Association."

Dr. Mann with characteristic controversialism thought it advisable at times to give unpleasant preparations. "Sometimes a nauseous drug is beneficial to the patient."

It is the opinion of this reviewer that beyond question there are drug disciplinary values. The experience of army surgeons confirms it.

Dr. William B. Watts of Jackson. (*See* Volume I, Page 451.)

Dr. Charles T. Newkirk was born in Ontario in 1844, and was educated at Victoria University where he received both degrees M.A. and M.D.

After a brief period of practice in Canada he visited South America and at Buenos Ayres secured a position with the Argentine army which enabled him to make a special study of tropical diseases. Later he resigned therefrom and served four years with the rank of major, in the Brazillian army, and had part in the war then waging between Brazil and Paraguay.

In 1872 he returned from South America and located in Bay City. On the outbreak of the Spanish-American War his proffered services were accepted. He became brigade surgeon, with rank of major, and devoted his entire attention to the yellow fever camps. He served through the war and returned to Bay City with health greatly impaired.

He spent much time in foreign travel; was a member of the International Congress of Military Surgeons; was highly influential in local and state medical societies; was surgeon of the Third Infantry, Michigan National Guard and member of the Spanish War Veterans and the National League of Veterans and Sons; was pension examiner at Bay City.

"In 1898 the writer had reason to see and appreciate the work of Dr. Newkirk, then major and surgeon in the United States Army before Santiago, amid the hospitals of the wounded and dying at Siboney, and the fever wards near Aguadores."[8] (Captain Gansser.)

Said Dr. Newkirk in supporting, in 1884, the nomination of Dr. Donald Maclean for president of the Michigan State Medical Society:

"It is urged that Dr. Maclean's opponent was a surgeon in the army during the late war. Dr. Maclean not only served in the army during the war but was a distinguished surgeon."[38]

He wrote in 1899 of the "Epidemic at Siboney" (yellow fever).[38]

An interesting biography of Dr. Newkirk is contained in "Men of Progress in Michigan," Page 439.

Dr. William J. Duff of Port Huron, was a son of Lieutenant George Duff of the First United States Infantry and early evinced a lively interest in matters military. He was born in Pittsburgh in 1856; graduated from the medical department, University of Michigan, in 1885. He joined the Michigan National Guard and obtained the rank of captain, but exacting professional duties necessitated resignation. Applying for a commission on the declaration of war with Spain, and being unable to secure one which was satisfactory, he enlisted as a private and became corporal of Company F,

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†Dr. Maclean served the following year (1885), having been elected by a majority of sixty-three over the venerable and worthy Dr. French of Battle Creek.

Thirty-third Michigan Infantry; was in the battle of Santiago. Mustered out with his regiment, he resumed professional work.

He represented the first district of St. Clair County in the legislature of 1899-1900.[29] (*See* Volume I, Page 436.)

Major Alexander Mackenzie Campbell of Grand Rapids, a graduate "in the classics," Toronto University, and in medicine from the Detroit College of Medicine (1896), was house surgeon of the Children's Free Hospital, Detroit, and later for Union Benevolent Association, Grand Rapids.

He was appointed surgeon-in-charge of the brigade hospital, Camp Eaton, Spanish-American War—and was later commissioned major-surgeon.

He filled the chair of bacteriology, Grand Rapids Medical College, for two years and in 1900 was city bacteriologist of Grand Rapids.

"As a writer he is lucid and terse, a master of vigorous English." He was appointed acting assistant surgeon, United States Army, June 20, 1899.[5]

Dr. Schuyler C. Graves of Grand Rapids, was appointed major and brigade surgeon to serve during the Spanish-American War in the First Brigade, Third Division, Fourth Army Corps.

He was professor of surgery in Grand Rapids Medical College; resigned in 1898.[5]

Dr. William G. Young, born in Cincinnati in 1861, a graduate from the Michigan College of Medicine and Surgery, Detroit, and a student in postgraduate courses in New York, began practice in St. Ignace in 1892, and four years later moved to Grand Rapids.

He was commissioned assistant surgeon in the United States Army and following a competitive examination was assigned duty in Porto Rico. There he remained for one year, and "performed the first hernia operation ever performed on the island."[5]

Dr. Edward C. Rumer, of Flint, was graduated from Detroit College of Medicine and Surgery, 1902; was house physician, Harper Hospital, 1902-1903; chief of the house staff, 1903-1904.

For the Spanish-American War he enlisted in the Thirty-first Michigan Volunteer Infantry at Island Lake, Michigan, April 26, 1898; was transferred to Hospital Corps United States Army; served in the Porto Rican campaign and in Cuba as private and acting hospital steward; was appointed a first lieutenant, Medical Reserve Corps, United States Army, April 8, 1912, by President William H. Taft. He served as medical officer with Michigan troops at Grayling, Michigan, until relieved from duty at the conclusion of the Mexican border defense. In the World War he was promoted to the grade of captain in the Medical Reserve Corps, United States Army, July 16, 1917; called into service August 19, 1917; served at Fort Benjamin Harrison, Indiana; discharged for physical disability, December 10, 1917.

Dr. Thomas E. DeGurse of Marine City, was graduated in 1895 from the Detroit College of Medicine. In 1898, being unable to secure a commission he gave up "embryo practice and enlisted at Fort Wayne, Michigan, as a private in the United States Reserve Hospital; was sent to Porto Rico and his unit attached to the First Division of the Army of Invasion. He was discharged in February, 1899, as acting hospital steward." (*See* Volume I, Page 437.)

Dr. Howard A. Grube, of Coldwater, has a fine military record. He was born in 1867 in Indiana and came from a family of educators. His father was for twenty-three years a teacher, and six of his eight children followed the same vocation.

He was graduated in 1891 from the medical department, University of Michigan, and settled in Coldwater. At the outbreak of the Spanish-American War he was commissioned captain and assistant surgeon of the Thirty-fifth Michigan Volunteer Infantry; became major and surgeon four months later; was mustered out in 1899, but in September of that year commissioned assistant surgeon of United States Volunteers with the rank of captain and sent to the Philippines. There he became major in 1901 and a year later was made chief surgeon of Northern Luzon.

In 1903 he pursued postgraduate medical study in Ann Arbor. In 1905 he was appointed surgeon of the Second Infantry Michigan National Guard. He has been surgeon for the Michigan Central and Lake Shore Railroads and was for a year attending physician to the State Public School.[10]

Dr. C. D. Colby. (*See* Volume I, Page 451.)

Dr. Clarence Mason Williams, Alpena, Michigan; University of Michigan, homeopathic medical school, Ann Arbor, 1901; member of the Radiological Society of North America; secretary of the Alpena County Medical Society; veteran of the Spanish-American and World Wars; formerly health officer of Alpena; at one time connected with the United States Public Health Service and the United States Veterans' Bureau; on the staff of the Donald McRae Hospital; aged 53; died December 11, 1928, of heart disease.[24]

He was born on a farm near Flint in 1874. After a course in the Flint High School he went to Albion College for two years and then to the University of Michigan, where he graduated in medicine in 1901. He located in Alpena in the same year and there had practiced until his untimely death. He served in both the Spanish-American War and the World War; was twice decorated for bravery during the World War. The citation reads:

> "Captain C. M. Williams, Medical Corps, Infantry. For exceptional heroism in action on the Ourcq River July 31, and August 1, 1918; northwest of Coulonges, France, August 2, 1918, and on the heights overlooking the Vesle River August 3 to 7, 1918. During these three periods of severe fighting Captain Williams maintained a dressing station close to the advance lines and worked continuously night and day under heavy artillery and machine-gun fire."

Later he was promoted to the rank of major and decorated with the French *croix de guerre* for bravery in action.

Dr. Williams was a true citizen of his own town, being identified in a constructive way with its many interests. He was an active member of the Methodist Episcopal Church; Hopper Lodge, No. 386, F. & A. M.; Alpena

Chapter, Eastern Star; Alpena Commandery No. 34, Knights Templar; Alpena Exchange Club; William F. Weine Post No. 64, American Legion; Arthur Henry Post of Spanish-American War Veterans, and the Alpena County Medical Society. Dr. Williams was an active and valued member of the Michigan State Medical Society.[25]

Dr. Burt R. Shurly of Detroit is a veteran of the Spanish-American as well as the World War. (*See* following section on World War.)

Dr. Thaddeus Walker of Detroit was in laboratory work with very imperfect equipment at Chickamauga.

Dr. Allan D. McLean was chief hospital steward with Dr. Biddle at Chickamauga. (*See* Chapter VIII, this volume.) He was commissioned later, and in 1928 had attained to the rank of captain in the navy; was surgeon to the Peace Commission at Paris.

1917-1919

Experiences of Michigan Physicians in the World War Extracted From Medical and Lay Journals

By a member of the Old Man's Association†

NOTWITHSTANDING a contribution bearing upon the period above noted has no legitimate place in a history supposed to close with the nineteenth century, it was at one time tentatively proposed by the History Committee to publish a roll of honor of the brave Michigan medical soldiers who volunteered assistance in making the world "safe for democracy." That this end was not attained in so far as this section of the cosmos is concerned—safe at present for nobody and for nothing in particular—does not detract from the magnificent sacrifice made by medical men of Michigan and elsewhere. Armageddon was just 'round the corner, and but for their valiant efforts would have been reached without detour. This is written seriously. Medicine and its allied arts and sciences, nursing, pharmacy, etc., are the only conservative agencies in war. So-called statesmanship is a tragedy, commercial pressure ineffective, and prayerful "optimism" a joke.

That but five responses, and these from individuals, were received to the committee's S. O. S. call, headed "Important Notice—Attention" is significant, and perhaps all for the best. Now the way is clear for a full history of Michigan Medicine in the World War—and this should be begun immediately while experiences therein are lively in the memories of survivors. Young and competent scribes should be mobilized at once for the undertaking. Don't permit the opportunity to pass.

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†An organization thus designated by Major Reuben Peterson, of valetudinarians on the way to be mustered out, but temporarily mobilized for what is termed "service" by luncheon-club orators.

Dr. Reuben Peterson, born in Boston in 1862, a student of the Latin School and a graduate in arts (1885) and in medicine (1888), Harvard, was in 1891 a resident of Grand Rapids, whither he came the preceding year after a large hospital experience. He was a member of the Massachusetts State Medical Society, and, during residence in Grand Rapids, of the Academy of Medicine; was also acting superintendent, resident physician and visiting gynecologist of St. Mark's.

At the time of his incumbency of the office of president of the State Medical Society (1915) he occupied the chair of obstetrics and gynecology, University of Michigan.[12]

His military service during the World War was highly important.

But while the new muster is sharpening its pencil, it may profitably read a few extracts from correspondence from the front with mention of distinguished service and tributes to those who "sleep the sleep that knows no waking."

"During the World War more than 30 per cent of the members [of the Wayne County Medical Society] gave military service and two, Drs. Post and Vaughan, gave the supreme sacrifice of life." (*See* illustration, Page 435, this volume.)

As a memorial to these the Beaumont Lectureship fund was established by the Society.[25] (Dr. James E. Davis.)

"At one of its April meetings the Wayne County Medical Society unfurled a service flag with 117 stars. The stars were sewed on by the mother, wife or sweetheart of each member in active service."[25]

Dr. J. B. Kennedy of Detroit, born in 1858 (*See* Chapter III, this volume), a student in medicine at Trinity, Toronto, and a graduate in 1885 of the Detroit College of Medicine, died in 1927. He held a captain's commission in the World War; was a member of the Library Commission.

Dr. Ellsworth Orton (1866-1926) of Pontiac, was a lieutenant in the World War.

For a partial record of the highly distinguished service of Dr. Angus McLean, chief of Base Hospital No. 17, see Chapter VIII. The following editorial comment was made in the *Journal of the Michigan State Medical Society:*

> "Elsewhere in *The Journal* appears an account of the presentation of a medal to Dr. Angus McLean, as well as the announcement of his appointment to the position of honorary professor of military surgery of the University of Warsaw, Poland. Dr. McLean is intimately known to the medical profession of Michigan, having filled the position of president of the Michigan State Medical Society. The presentation was made at a meeting of the Wayne County Medical Society. The doctor's popularity is attested by the fact that when such honors come to him the auditorium is filled with a large and enthusiastic audience of his medical confrères as well as other friends. *The Journal* takes this opportunity to congratulate Dr. McLean on this latest honor conferred upon him."

Base Hospital No. 17 gave to medical officers of French Military Hospitals a dinner at Dijon on February 8, 1918. There were present among others—

Dr. Angus McLean, M. R. C.
Dr. Harry N. Torrey, M. R. C.
Dr. George E. McKean, M. R. C.
Dr. Louis J. Hirschman, M. R. C.
Dr. Ernest K. Cullen, M. R. C.
Dr. Rolland Parmeter, M. R. C.
Dr. Walter D. Ford, M. R. C.
Dr. Robert Owen, M. R. C.
Dr. William A. Spitzley, M. R. C.
Dr. James F. Breakey, M. R. C.
Dr. Thomas K. Gruber, M. R. C.
Dr. Alexander M. Stirling, M. R. C.
Dr. Alfred D. LaFerte, M. R. C.
Dr. W. H. Honor, M. R. C.
Dr. Duncan A. Campbell, M. R. C.
Dr. Cyrenius B. Lockwood, M. R. C.

Dr. Ernest K. Cullen (1878-1922), a native of Canada, was employed during summer vacations from high school on the Great Lakes. He is said to have journeyed on Lake Huron and Lake Superior sixty-four times. He was a student in the pathological laboratory and in bacteriology at Johns

Hopkins Medical School. In summer vacations (1902) he worked on the morphology of fishes and birds. He received the M.D. degree at Toronto in 1903; was made assistant in medicine in Johns Hopkins Hospital dispensary and later house officer in Toronto General; he became fellow in pathology at Johns Hopkins, and in 1908 assistant resident gynecologist. He came to Detroit in 1911, taught clinical gynecology at the Detroit College of Medicine and near the time of his death had been mentioned as successor to Dr. J. H. Carstens; was the author of many valuable medical articles; was with Base Hospital No. 17 in the World War as captain. In 1919 he was promoted to be major.

Dr. Thomas P. Camelon (1870-1921) was born in London, Ontario. He graduated from Trinity Medical College (Toronto) in 1890 and from the faculty of medicine of Queens University (Kingston, Ontario) in the same year. After practicing medicine for several years in Indiana, he came to Detroit and was licensed in 1900. His practice was limited to diseases of the nose and throat.

When the United States entered the World War, the doctor immediately volunteered for medical service. He was commissioned first lieutenant and was sent to Fort Benjamin Harrison. Later he was stationed at Camp Custer. In June, 1918, he was sent overseas with the rank of captain and served in the field hospitals in France. Before he returned to America he was commissioned a major. He was discharged from the service June 1, 1919.

Dr. Camelon was a member of the Wayne County Medical Society, the Michigan State Medical Society, the American Medical Association, Palestine Lodge, King Cyrus Chapter, Monroe Council, Michigan Sovereign Consistory, Moslem Temple of the Mystic Shrine, Detroit Commandery, the Masonic Country Club, Detroit Athletic Club, and American Legion.

Dr. Camelon's professional ability and certain personal traits obtained for him a very large clientele. He was dearly beloved by so many of his patients and friends for his warm sympathies, his great personal magnetism, his forgetfulness of self, and his devotion to his ideals.[25]

The career of Dr. Burt R. Shurly of Detroit has been distinguished and highly useful. Accomplished in his specialty, that of otolaryngology, a veteran of two wars (Spanish American and World War), expert yachtsman, civic leader, a favorite in society and clubs, and popular in the medical profession he is undoubtedly *persona grata* among the discriminating and the good appreciators.

Authority was granted him immediately following declaration of war in 1917 to organize Base Hospital Unit No. 36. This he did and the unit, of admirable surgical and medical personnel, carried on successfully until the close of hostilities.

Mention is above made of the "discriminating." Among these it is, regrettably, impossible to include exponents of "enforcement" of relatively unimportant laws to the possible ignoring of wide-spread and shocking crime conditions.

With these Burt Shurly is at warfare and recently as member of the Board of Education has given forth no uncertain sound. Alone with him stands a fellow member, Angus McLean. Together they have "just begun to fight."

Dr. Shurly believes that the problem study of the delinquent and wayward child calls for a "school of investigation" where "physical ailments and defects will be remedied and criminal tendencies checked." He has no delusions, however, on the subject of punishment or sympathy with the "prevailing sentimentality" among people who "raise a hullabaloo if a child is spanked or whipped. This method, in some instances, is just as effective as it was thirty years ago. Common sense should be the guide here as in other corrective measures.

"Amplifying his observations on crime causes, Dr. Shurly declared that much of the 'revolt of youth' is due to an excess of authority, a surplus of laws and rules for governing behavior. He pointed especially to the Volstead law as an example of 'restricted liberties,' against which there is widespread revolt.

" 'We know', he continued, 'that crime, restlessness or revolt, in children or in adolescent boys and girls, is frequently due to physical defects that can be easily rectified.' "

"He wrote lengthily and interestingly to Dr. W. P. Manton from Base Hospital No. 36."[25] Excerpts follow:

> "We have done a great deal of surgical work, and have in our hospital the first American wounded soldier in France.
>
> "Major Barrett opened his hospital of 450 beds in the Palace with a vaginal hysterectomy on a civilian patient who made a very brilliant recovery and established a wonderful reputation among the civilian population for this unit as the French doctors had pronounced her case incurable.
>
> "I have the head hospital with a capacity of 700 beds and have done a number of mastoid operations, and the usual operative routine of our special work.
>
> "Frank Walker successfully operated on a fracture of the skull some days ago caused by the explosion of a one pounder gun, relieving an adhesion and depressed fracture that had been missed by the Johns Hopkins Unit, sixteen miles away.
>
> "Every Monday night we have a medical society meeting of our staff personnel on interesting and difficult cases for diagnosis and observation. Last night Joe Dill and Clift gave a laboratory evening with lantern slide exhibition from the cases now under our own observation.
>
> "Frank Walker performed a gastroenterostomy on one of the nurses this morning who has had a gastric ulcer developing aboard ship. One of the nurses is seriously ill with pneumonia, otherwise the health of this command has been most excellent. McGraw has gained 15 pounds and Sill 14 in three months from home.
>
> "The chaplain and the secret service are all watching us. If it were not for the mineral water we would be as dry as a diabetic, not to mention a mummy, and I presume on our return May 1 or thereafter, the dry law will not affect us in the least. This applies to whiskey only. We can obtain a little wine now and again for the stomach's sake, but our officers are certainly making a record, including Lieutenant Van Rhee, whom, after recovering from the mumps two weeks ago, I have just sent to his room with a good blooming, flourishing case of measles. This is the way a children's specialist thrives in France. We have nothing to complain about, and much to be thankful for."

Lieutenant Colonel Burt R. Shurly—to the State Medical Society 1919:

> "Mr. Chairman, Ladies and Gentlemen: Many years ago a physician was driving down one of the prominent streets of Detroit with his horse and buggy. Everything was calm and peaceful, it was a beautiful day and the horse was trotting along at a good rapid pace. Suddenly the king bolt broke and the doctor was spilled out, as well as his surgical instruments and pills. A little eight or nine-year-old street gamin who was watching ran up and said, 'Say, fella, you wouldn't have far to go for a doctor, if you hurt yourself, would you?' (Laughter.) And so it was with Uncle Sam when the war broke out. Everything was going along peacefully and without any trouble when the war broke out, and Uncle Sam did not have to go far for a doctor when he was hurt. Thirty-two thousand men volunteered.
>
> "I will show you a few pictures and give you a little idea of Base Hospital No. 36, which was organized in Detroit with thirty-five officers, 200 enlisted men and 100 trained nurses. It was the first thousand-bed hospital to be organized and the first thousand-bed hospital to leave for France in 1917."

"The adaptation of War Surgery to Civilian Practice" was the subject of a paper in the *Journal of the Michigan State Medical Society* of November, 1919, by the late Dr. Frank B. Walker.

Dr. Walker's death occurred in 1927. (*See* Volume 1, Pages 534, 535.)

At a meeting reported in *Journal of the Michigan State Medical Society* January, 1919, the Jackson County Medical Society paid a touching tribute to Dr. J. A. McQuillan who was killed in action in France, and the absent members of the Society in the service were given a vote of confidence. (*See* illustration, Page 457, this volume.)

Dr. F. W. McAfee of Detroit saw varied war service: On the Mexican border as first lieutenant, Michigan Ambulance Company No. 1; overseas as captain of Ambulance Company 168 (Michigan), Medical Detachment 167th Infantry (Alabama); was participant in battles Champagne-Marne, Aisne-Marne, St. Mihiel, Meuse-Argonne defensive sector.

Much valuable effort and research in the line of endocrinology was, doubtless, lost to medicine by the untimely death of Dr. Theodore A. McGraw, Jr. It is difficult to escape the opinion that this was hastened by his strenuous war service although immediately due, says *The Bulletin of the Wayne County Medical Society,* to "a septic infection beginning as a streptococcus sore throat and running its course in a little over two days."

To quote from *The Bulletin* he "was the only son of the late Theodore A. McGraw, who was for many years one of the leading surgeons in this section of the country. He was born in Detroit June 21, 1875, and made this his home his entire life. Many years of his life were spent in the East preparing for his life work. St. Paul's School, Concord, New Hampshire, and Yale College gave him his pre-medical training. Receiving his A.B. degree in 1898 from Yale University, he entered the College of Physicians and Surgeons in New York City and graduated M.D. in 1903. This was followed by two and a half years in St. Luke's Hospital, New York City, where he served as chief resident and house surgeon.

"Five years' association with his father in surgical work demonstrated that his health was not sufficiently rugged to stand this kind of practice and he returned to the study of medicine, taking post-graduate work at the Harvard Medical School. He was especially interested in endocrinology and contributed frequently to the literature. He did much gratuitous work among the school children of Detroit with the aim of reducing the prevalence of adolescent goiter and detecting the defects in children due to abnormal gland functions. In all his work he was extremely accurate and conservative, endeavoring always to establish the fundamentals of this difficult medical field.

"Dr. McGraw served with Base Hospital No. 36 during the World War. He went overseas October 26, 1917, as adjutant of his unit. During the war he was promoted to be lieutenant colonel and served as chief of the Department of Medicine in Base Hospital No. 36, at Vittel, France. After the war he received a citation for meritorious service from General Pershing and at the time of his death was a colonel in the officers' reserve Corps, United States Army.

"Dr. McGraw was a member of the Wayne County Medical Society, Detroit Society of Internal Medicine, Michigan State Medical Society, American Medical Association, and American Association of Endocrinologists, fellow of the American College of Physicians; associate in Detroit Diagnostic Hospital; consultant, Detroit Eye, Ear, Nose and Throat Hospital; consultant, Michigan Home and Training School at Lapeer and special lecturer in endocrinology at Detroit College of Medicine.

"He was a member of the American Legion, Veterans of Foreign Wars, Detroit Club, University Club, Detroit Athletic Club, Yale Club, Grosse Pointe Hunt Club and member and director of Huron Mountain Club."

"In 1905, Dr. McGraw was married to Miss Esther Longyear of Detroit, daughter of Dr. and Mrs. Howard W. Longyear. He is survived by his widow, one son Theodore A. McGraw, III, and a sister, Mrs. Clarence D. Lightner of Detroit.

"Dr. McGraw will long be remembered by his colleagues, not only for his medical attainments, which were of a high order, but for his winning personality which attracted not only his patients, but the physicians with whom he came in contact either in consultation or at medical gatherings."

He was an hereditary member of the Michigan Commandery of the Loyal Legion.

He wrote from Base Hospital No. 36, December 16, 1917:[25]

> "A couple of days ago I motored to a city within ten miles of the front line. The place had been shelled and we saw some ruined buildings. There was the wreck of a German plane in the Central Square, and also a bomb shelter for people to descend into as protection against hostile planes. But otherwise it is quite normal. All the stores were open and well stocked. I did some shopping and had a good inexpensive lunch at the hotel.
>
> "Preston Hickey is visiting us today, inspecting our X-ray plant. He has been detached from Harper and is in the chief surgeon's office in charge of all X-ray work, taking Case's place, who has gone back home. Both the Vaughan boys are not far away, attached to the Roosevelt Unit, but I have not seen them yet. Walter Manton is in charge of a small hospital for officers in Paris, and Henry Carstens is going to help him."

One of his contributions (illustrated) published in the February, 1921, number of the *Journal of Michigan State Medical Society* on "Myxedema," shows careful study and discriminating conclusions.

He established in Detroit in March, 1921, a weekly clinic for cases of disturbance of the endocrine glands. He died October 14, 1924.

The Bulletin of the Wayne County Medical Society announced that in June, 1930, the College of the City of Detroit conferred upon Dr. Preston Manasseh Hickey the degree of Doctor of Science.

He was born in Ypsilanti, Michigan, on December 3, 1865. He was graduated from the University of Michigan in 1888, receiving a Bachelor of Arts degree, and from the Detroit College of Medicine in 1892. The following three years he was house physician at Harper Hospital. From 1894 to 1901 he was professor of pathology in the Detroit College of Medicine and from 1895 to 1901 he served as pathologist to the Woman's Hospital. From 1909 to 1922 he was professor of roentgenology at the Detroit College of Medicine and Surgery and during that time he was roentgenologist to Harper, Children's and Receiving Hospitals. During the World War he was lieutenant colonel in the Medical Department of the United States Army and was consulting roentgenologist in France from 1917 to 1920. During this time he was in charge of all the X-ray work for the entire American Expeditionary Forces. He was founder and editor of the *American Journal of Roentgenology*, is a member of the American Roentgen-Ray Society and the Radiological Society of North America of which (the latter) he is a past president.

Dr. Hickey is a fellow of the American College of Roentgenology and organized the Detroit Roentgen-Ray and Radium Society in 1921. He is at present professor of roentgenology at the University of Michigan.

Dr. J. Walter Vaughan of Detroit writes to the *Journal of the Michigan State Medical Society* in 1917, guardedly:

> "I will be glad to ask the boys to write something for *The Journal* but I fear that a real article of any sort will not be possible. You know that such an article should contain new stuff and you can easily see that such information—no matter how simple it may appear to be—cannot very well be printed broadcast at present. I have been with both the French and British during times of activity and surely have learned much from the experience, but I should commit a grave error to allow any of the new stuff to escape at the present time. You can readily see that if we allowed our methods of taking precautions against certain forms of attack, to leak, such precautions would be in vain, as the methods would easily be overcome. This applies forcibly to medical work also."

Major Victor C. Vaughan, Jr., of Detroit, a son of Colonel V. C. Vaughan of Ann Arbor, volunteered early in the World War. He had served for nearly two years in France when he met death by drowning. He was forty years of age and a graduate of the medical department of the University of Michigan in 1902. He was "professor of preventive medicine and associate professor of medicine in the Detroit College of Medicine and Surgery, member and fellow of all our recognized medical organizations, past president of our Anti-Tuberculosis Society, active and pioneer mover in the anti-tuberculosis work in this state and nation, a specialist in diseases of the chest."

"Victor Clarence, Jr., rests physically alongside our other heroes who went forth and made the supreme sacrifice on French soil. His soul, we know, rests in that peaceful 'somewhere' of sunset and dreams. His influence, his life activity, his fellowship, his leadership have not terminated but rest in our souls, are reflected in our lives and through us, as we revere his memory, and will continue to exercise a beneficent influence for good such as he inspired in person and in deed."[25]

"In the fall of 1905, a new departure was inaugurated—the first 'Tuberculosis Clinic' was at that time established in Detroit. A new force entered into the work, the new personality, Dr. V. C. Vaughan, Jr. Sincerely devoted to his work, charitable and kindly disposed to the afflicted poor and conscientious to a fault in the performance of public duty, Dr. V. C. Vaughan, Jr., took charge of this department and the success of the Board of Health's efforts for the prevention and restriction of the great white plague was assured.

"Unfortunately, the brilliant career of Dr. Vaughan was cut short by his untimely death—June 4, 1919—when he was about to return from France to his native country, from army service to his life's work. The work of the Detroit Department of Health for the prevention of tuberculosis will continue to progress, but it must never be forgotten that it will do so because of the solid foundation laid by Dr. V. C. Vaughan, Jr., a foundation so well planned and so carefully laid that conditions cannot change nor time efface it."[25]

Dr. (Major) H. N. Torrey of Detroit wrote from the front November 2, 1917:

> "I have had some most interesting trips since I've been in France. I have seen some of the British front—have been over the Somme battlefield and the country devastated by the Boche in his retreat. You cannot imagine the desolation—nothing remains—no trees, no houses—simply ruins. In two days' travel by automobile I did not see a house, in any of the hundreds of towns and villages, where one could get shelter. Even the cellars were blown up. Many villages have completely disappeared—not even a brick remains. The ground itself is torn to pieces—nothing but trenches, shell holes and mine craters. It makes one sick at heart to see it all and to imagine that the same might happen to America. Besides this I've seen active operations. We were several weeks within two miles of the front and under intermittent shell fire. Two days of this time we were at the front and received some hot strafing from the Boche. One night I saw a raid—the barrage, the many lights, the noise and all, made it a spectacle which I'll never forget. We were up nearly all night at the advance dressing station, seeing the wounded come in. . . .
>
> "The best trip of all and the most exciting was one from which we have just returned. We spent two weeks on the Italian front, on the mission, and were royally entertained by the Italian Government. We were furnished with two military automobiles, and with an Italian major as a guide, we saw all three fronts under ideal conditions. Never will I forget it. Alpine scenery and war make a stupendous spectacle.
>
> "I was much surprised to see in what perfection the Italians have their medical and surgical service. Their hospitals were the best I've seen. I say 'were' as within two days after we left, the Boche had them all. Through great luck we were on the Isonzo front when the present great offensive began. We were also in great danger, though we didn't realize it at the time. Since returning I read that several of the places where we were on October 24, were in the hands of the enemy that same evening. We are just commencing to get scared now and seeing how lucky we were. Words cannot describe the sights

> that we saw from a nearby peak—of Goritza bombarded—of a fierce battle on Mt. Gabriele. Thanks to our good fast Italian automobiles we got out safely. We also got out of Italy by the last train, catching it at Venice after a long automobile ride. I have seen war in many places and assure you it is worse than you can possibly imagine.
>
> "All is well with Base Hospital No. 17. We are hard at work increasing our capacity. There is nothing much doing professionally to date."[25]

In 1918 he writes:

> "We are terribly busy . . . had 1200 cases at one time—many bad ones—gas gangrene, compound femurs, foreign bodies everywhere—lungs, brain, etc.[25]

Dr. W. T. Garretson, who for the past nine years had been in charge of the eye, ear, nose and throat department of the Henry Ford hospital, Detroit, died very suddenly at his home in Detroit, Michigan, on the seventeenth of August, 1928. He had been apparently in good health up to the time of his death. Dr. Garretson was a graduate of the University of Iowa and had done postgraduate work at the University of Edinburgh, Scotland. He served during the war both with the British Expeditionary Forces, and later with the American Red Cross. His coming to Detroit followed the close of the war. Dr. Garretson was unmarried.[25]

The date for his marriage to its former Society Editor was set, says the *Detroit Free Press,* and continues: he "was known to be an extremely conscientious surgeon, had attracted the attention of the medical world through his work in the comparatively new field of plastic surgery. He was graduated from the University of Iowa and later studied in Edinburgh, Scotland. When war was declared, he was in Montreal, connected with the Montreal General Hospital, and he went immediately to England, where he engaged in medical relief work until the United States entered the conflict. He then went to France as a captain with the American Red Cross, coming to Detroit directly after the war." He was 42 years of age.

Dr. (Major) C. D. Brooks of Detroit writes:

> "Michigan is doing what we have expected and will do more than that. We are simply keeping up with the old heritage of physicians, that they will be the first to leave everything for service and the last to return.
>
> "I think the Michigan State Medical Society should have an Honor Roll, which should only include those who have accepted commissions or those who have been rejected for physical reasons. . . .
>
> "Some life. The first few days I was out here [Camp Custer] I saluted everything, from privates, colored and white, and even saluted myself in the shaving mirror. My arm had the St. Vitus' dance. Now I can tell the colonel from corporal—that's about all."

"Physicians in the service" from Ingham County in January, 1918, were: Dr. H. S. Bartholomew; Dr. Clara M. Davis; Dr. M. L. Holm; Dr. Herbert Landon; Dr. R. R. McCrumb; Dr. Milton Shaw.

News has been received of the official assignment of Captain H. S. Bartholomew, M.R.C., as post surgeon of the Brooks Field, a new aviation field recently opened near San Antonio, which is to constitute a field for advanced flying, a sort of postgraduate school for aviators who will become instructors.

Captain Bartholomew, formerly internist of Lansing, went into active service in September and went directly to Indianapolis for military training at Fort Benjamin Harrison. From there he was assigned to the aviation section, signal corps, Kelly Field, San Antonio, Texas. Since reaching San Antonio, the captain has been in charge of the quarantine camp, a section where recruits are received and isolated for a period of two weeks or longer if contagious diseases appear. Later, he was assigned to duties of epidemiologist. Within the last few days, he was made post surgeon of the new field.[25]

Marinus Larson Holm, Lansing, Michigan; Northwestern University medical school, Chicago, 1907; past president of the Ingham County Medical Society; member of the American College of Physicians and the American Society of Clinical Pathologists; served during the World War; city chemist to the Chicago Health Department, 1906-1907; state bacteriologist of Michigan, 1907-1914; director of the Lansing Clinical Laboratory; member of the city board of health and formerly board of education; on the staffs of the Ingham County Tuberculosis Sanatorium and the Lansing City Hospital; aged 50; died December 24, 1928.[24]

Dr. Julius Francis Henkel of Detroit died July 22, 1919, at his home.

Dr. Henkel enlisted as a private in the Michigan National Guard in 1891, and rose to the rank of lieutenant colonel and chief surgeon. He reorganized the medical service of the National Guard, and was the first commanding officer of the medical detachment which later became the 168th American Ambulance Company attached to the Forty-second (Rainbow) Division in France.[25]

Dr. Thomas R. Henry (1874-1921) of Northville, a graduate from Detroit College of Medicine in 1897, enlisted in the medical service in the World War and rose to the rank of major. After the war he returned to Northville in broken health.[25]

"We've lost almost 90 per cent of our regiment. Most all my friends are killed or wounded, but it was a magnificent attack."—Walter W. Manton, M.R.C., captain Twenty-sixth Infantry.[25]

"After your initial baptism of fire you get on and don't notice the noise. . . . After six weeks in the trenches you can laugh at anything."—Dr. R. H. Bookmyer, M.R.C., captain Eleventh Infantry.[25]

"Everybody is doing his best and the Wayne County Medical Society is well represented, not only in the two Detroit Base Hospitals, but by many of its members working in other organizations."—Louis J. Hirschman.[25]

"Dr. Louis J. Hirschman has been elected president of the Michigan State Medical Society for the year 1928-1929. It would certainly be out of place here to say that Dr. Hirschman is too well known to need any introduction. Everybody knows him. The following is no introduction. We have a habit of forgetting, however, the various vicissitudes and experiences of a lifetime, hence a recounting of some of Dr. Hirschman's activities will not be out of place here. He was born August 15, 1878, at Republic in the Upper Peninsula, where his father was one of the pioneers in practice. He was educated at the Detroit College of Medicine, where he graduated in 1899. In June, 1904, he married Miss Carstens, daughter of the late Dr. J. H. Carstens, who bore an honored name in the state. Dr. Hirschman was house physician of Harper Hospital, 1899-1900; director of Harper Hospital Clinic, 1904-1906; professor and head of the department of proctology, Detroit College of Medicine and Surgery, since 1906; proctologist to the Woman's Hospital, 1922; consulting proctologist to the Detroit Receiving Hospital and also to the Detroit Evangelical Deaconess Hospital. Dr. Hirschman has also a very creditable war record in France, where he served with Base Hospital No. 17. At present he is commissioned lieutenant-colonel, O.R.C., United States Army. He was editor of *Harper Hospital Bulletin,* 1906 to 1910. He is known over the Anglo-Saxon world as author of a hand-book, "Diseases of the Rectum," which has passed through several editions. Dr. Hirschman was co-author of the "American Year Book of Anesthesia," 1915-1918. Among his professional society connections may be mentioned membership in the American Medical Association (ex-chairman section on gastroenterology and proctology; Michigan State Medical Society; Wayne County Medical Society (ex-president); Northern Tri-State Medical Society; American Proctological Society (ex-president); Detroit Medical Club (ex-president); Michigan Surgeons Club; Detroit Academy of Surgeons; Alumni Association, Detroit College of Medicine (ex-president). In addition Dr. Hirschman has done his part in his various civic relations.

"During Dr. Hirschman's professional career of nearly thirty years he has made hosts of friends both in the profession and among the laity. He has during these three decades found time for extensive travel, including a voyage around the world, all of which has made him a cosmopolite and broadened his outlook upon life."[25]

Dr. Oren G. Johnson was from 1921 to 1923 senator from the twenty-first district, comprising Lapeer and Tuscola Counties. Born in 1872 in Mayville, he received his education in high school and Detroit College of Medicine (1905). He taught for one year; was a railway engineer for a time; was commissioned in the Medical Corps, United States Army, in 1918, and served overseas with Saumer Artillery Hospital and Base Hospital No. 103. After discharge from the army he practiced in Fostoria.

Dr. Clinton Day, president of the Oceana County Medical Society, writes under date of March 26, 1930:

> "I notice in the current issue of the *Journal of the Michigan State Medical Society* a request for the names and addresses of all doctors who served in the World War.
>
> I served as captain, Medical Corps, at port of embarkation, Hoboken, New Jersey, from May 15, 1918, to January 3, 1920; at Lakehurst Proving Ground, Lakehurst, New Jersey, January 3, 1920, to June 1, 1920.
>
> "As far as I know I was the only doctor in the service from this county."

Dr. A. M. Martin, Grand Rapids, Michigan, has been commissioned a captain and made division orthopedic surgeon of the Thirty-second Division with which he has been serving since the division went overseas.[25]

Dr. W. P. Morrill, of Benton Harbor, has been promoted from major in the Medical Corps to be lieutenant-colonel.[25]

Dr. David Littlejohn of Berrien County writes from Camp Beauregard to the *Journal of the Michigan State Medical Society*, January, 1918:

> "The camp has been under quarantine for about three weeks for measles, mumps, pneumonia and meningitis. There was a very high sick rate for a little while, but things are clearing up very nicely and I think soon will be in about their normal condition."[25]

Lieutenant William E. Wilson of Grand Rapids has been awarded a distinguished service medal for his splendid bravery under fire, and was also promoted to captaincy. Dr. Wilson was severely injured about the right knee as the result of a shell wound received in the Chateau-Thierry sector.[25]

"Dr. Henry Cook of Flint, a first lieutenant in the United States Army Medical Corps, who entered army service more than a year ago and who served with the British Army in France and Belgium, has received his honorable discharge and has returned to Flint to resume the practice of medicine. Dr. Cook's services were loaned to the British Army by the American Army and he spent many months with the British soldiers in the field, seeing much of the fighting and having some remarkable war experiences."[25]

Among the interesting letters from "over there" is one from his pen, published in the *Journal of the Michigan State Medical Society* in January, 1918. His was, I believe, the earliest enlistment from Flint and he participated in a British Medical Corps in many thrilling incidents at the front. Dr. Leonard Wood said in my hearing after questioning him regarding his service: "You've had the worst time of any of them."

Excerpts from the letter are characteristic of Henry's reactions:

> "I went to London and was assigned for a time to a military hospital here in Devonport. This town is part Plymouth. From the harbor here the Pilgrim Fathers sailed. Also here Drake met the Spanish Armada. He was bowling on the same green as is here now when they told him. He said, 'We will finish our game and then finish them.'
>
> "I am getting some surgical experience here, especially in the care of cases. I don't think much of their surgery. They have a great stunt of 'bipping' their cases. They open up wounds and paint or swat them with bismuth, iodoform and paraffin mixture, hence they call it 'B.I.P.ping.' They all slough just the same. We have X-ray and laboratory facilities, no Dakin treatment at all. Army life is hell, but in we are, so what is the use.
>
> "I rather expect to be in France when you get this. I might stay here until spring, but some are going continually. Get ready for a struggle, it is going to tax the U. S. A. before we are through.
>
> "I did a lumbar puncture on a meningeal case this P. M., got bloody fluid under considerable pressure, a piece of the man's skull is gone.
>
> "Met Duke of Connaught and Waldorf Astor last week, but to tell the truth I would rather meet you all in Flint. I would like to know the news of the fellows in Flint, more of the fellows must be gone by now. How are the slackers? Are any of them getting uneasy? God knows they will have their chance yet; they will have to get in.
>
> "It is said that one of the Australians did not salute an English officer in London. Upon being stopped and asked if he was a soldier, he replied, 'No, I am a fighter.' The Australians have been bearing a great deal of the brunt of the fighting I should judge by the wounded we sometimes get right from the front.
>
> "We, with all Allies, are hoping for the United States troops, guns and machines. The English have done more than we realize at home; they have not shirked a minute. It is only too bad we were not in before, but we all know it takes great provocation to make 100 million of one mind as we all know they are not.
>
> "Could use a few smokes, can't buy them here. Do not send expensive ones, a man who smokes a Cinco is a bondholder here."[25]

"Dr. A. C. McCurdy of Battle Creek is the second member of our society to pay the supreme sacrifice. According to word received by Mrs. McCurdy from the Adjutant General's office, Dr. McCurdy died November 28, of a carbuncle on the face.

"When Lieutenant-Colonel Case organized the Battle Creek ambulance corps, Dr. McCurdy was one of the physicians who immediately offered his services and was commissioned a lieutenant. Not long after the ambulance corps' arrival in Allentown, Lieutenant McCurdy was promoted to be captain and soon after major, and was commanding officer of Battalion Sixteen. After training at Allentown, Major McCurdy landed at Genoa, Italy, and following the close of hostilities there he was sent to France. At the time of his death he was connected with the Thirty-third Engineers in France.

"Major McCurdy was born in Battle Creek in June, 1886. He was educated in the Battle Creek schools, and was a graduate of the University of Michigan. Previous to his entering the army, he had a large practice in Battle Creek as well as in the country districts and was well known throughout the county.

"Major McCurdy was a member of the Masonic Consistory, the Shriners, and the Elks."[25]

"Dr. Ray S. Morrish, of Flint, has been promoted to the rank of major."

Excerpts from a letter from Dr. Morrish:

> "I was very glad to receive a copy of the *Letter Box,* and feel that the idea is not only an excellent one, but original with our local society, at least I have not heard of a similar publication through any of the physicians I have come in contact with, and all parts of the country seem to be pretty well represented. I know of no other way in which our members may be kept in touch with each other so well. . . .
>
> "Was interested in learning of the safe arrival, on the other side, of Clift, Randall and Cook. They are going to see some interesting work from the first. Who is going to be the next one? Nobody knows, of course, but we hope they will all be given a chance to show their mettle. Anyone left on this side is going to be a disappointed man. . . .
>
> "Every time I meet a French officer and talk to him I do not dare entertain the hope that I may continue to see service on this side, for if I do I am a coward. From the information received in these conversations the conclusion may be easily drawn that the medical department is playing a large part in the efficiency of the army, and from the prompt aid that is given the death rate is greatly reduced from the severe infections that are so common. . . .
>
> "In our own army the medical department never was so efficient nor held such a strong place in the control of line, but it has not the strength yet that should be vested in such an important body. The power necessary will come only when there are more medical men of high rank."[25]

Dr. H. H. Hammel of Tecumseh "gave an account of some of his many interesting experiences in the service" to the Lenawee County Medical Society in May, 1919. "Major Hammel was one of the first medical officers to be sent to the relief of the British Medical Corps in 1917."[25]

Phillip Isard Froude, Detroit; Detroit College of Medicine and Surgery, 1905; served during the World War; aged 48; died, February 19, of pneumonia.[25]

He was born in Hamilton, Ontario, in 1880; came to Detroit when a boy. He practiced in Detroit until 1917, at which time he enlisted in the army and served in the medical corps; later he was appointed post surgeon of McCook Field at Dayton, Ohio. He was greatly interested in all Masonic activities.

Bay County doctors commissioned for the United States Army included: Major F. H. Randall, at Waco; Captain Roy C. Perkins, at Waco; Captain Matthew R. Slattery, at Waco; Lieutenant Frederick S. Baird, Ft. Oglethorpe, Georgia; Lieutenant F. W. Brown, Ft. Riley, Kansas; Lieutenant Edward Goodwin, commissioned but still at home; Lieutenant Wm. Kerr, on T. B. Board at Camp Taylor; Lieutenant R. E. Stafford, with Base Hospital No. 36 abroad.[25]

Dr. Carroll Lawrence Storey (1877-1924) was drowned while duck-hunting. He was a captain in the medical corps in the World War.

A letter dated November 16, 1917, came to the *Journal of the Michigan State Medical Society* through the thoughtful courtesy of Dr. W. P. Manton, father of [then] Captain W. W. Manton.

Excerpts:

"It is disgusting to hear in a letter dated the middle of September, that not one of my letters have arrived. I've written a dozen or more and received just a half dozen since I've been here. In this great town, without a car, busy as I am on government work, getting to other things is very slow. I got orders about seven weeks ago to leave my station at ——— and join an expedition at the front more or less already established in an old chateau near ———. We found the situation delightful at the chateau, for everything but military surgery. In that line there was no action. The advance had been so great during the past year that the place was too far back. We had to stay there for a couple of weeks, however, in the kind interest of our patron, a wealthy American woman. The place was near a French training camp, and it was here that I took the pictures of the embryo soldiers in the trench, throwing the hand grenade, and also the picture of the grenade explosion. I was billeted in the town with a poor little old woman, who served me bread and butter and coffee in the morning for breakfast. The rest of the time we ate dirty food in a dirty tavern at four francs a throw. At night we drank cheap wine to keep warm. Meantime the commander of the expedition, taking matters in his own hands, arranged with the French General of the ——— Army Medical Corps to take us in during a drive. We went, nurses and all. And throughout the entire program the nurses behaved beautifully. The French surgeons were short-handed and we were heartily welcomed. The first ambulance (hospital) was a wonder. Built of canvas, it depended entirely for its electrical supply for X-ray and light upon truck generators, backed up to the central tents. The tents were constructed in two layers, which facilitated ventilation, and were kept dry and warm with small coal stoves. Unquestionably the most comfortable quarters I've struck in France, excepting only the University Club, and my present quarters. Each surgical team messed with its alternates in the same operating room, and our relations with the French complement immediately became close and interesting. The food was delicious, even though prepared in an old shell-riddled barn upon an improvised brick stove. Even the angleworms in our salad and the flies in our wine—or rather, red ink—didn't bother us much after we'd learned how to avoid eating them. It is surprising how well we were soon able to understand the French, and they, us. When we couldn't get along any other way we spoke German. Every night there were songs and clogs and hilarities of all sorts. A jolly bunch of fellows, those Frenchmen. One was the health officer of ———, another a prominent gynecologist of Paris. We have dined with him in Paris since. His wife is very nice. Over our heads during the day there is generally a flock of observation balloons—captive sausages. We noticed that every day or two the Boche aviators would come over and poke a hole in one exactly at noon. This rather peeved Walter Vaughan and me. It necessitated the poor devils in the basket dropping down in a parachute at a considerable risk. Also exposed them to the machine gun in the Boche plane. We asked the doctors why the French aviators, of which there were at other times a dozen about, didn't protect their sausages. And the doctors replied whimsically, 'Oh, how can they, the aviators are having their lunch.' This is really true. Can you beat it?

"The Boche always shelled ———, which is behind us, night and morning, and also a wagon-supply road and railroad intersection, which was about 300 yards away, between us and their lines. In other words, they were shooting over us, and just ahead of us.

Hence, we all thanked the Lord that the Germans maintained their customary precision in loading their shells, for an ounce less or an ounce more of powder in any one shell would have turned our ambulance into an awful nasty mess. As it was, it was less dangerous than crossing Woodward Avenue, Detroit, Michigan, U. S. A.

"Well, we stuck around this place for a couple of weeks, watching the French pile up munitions for a drive. Every hour overhead there were air flights, and the anti-aircraft guns, which never hit anything, kept pretty busy, too. They are more dangerous than the enemy's planes, because the shrapnel, and especially the heavy shrapnel containers, come down with that old-fashioned dull and sickening thud, and bury themselves three feet in the ground.

"Twice a week we'd go to ——— to get a hot bath and some ham and eggs. And each time we visited the bath house we'd find the place would have one more room knocked off. At last we were bathing two in a room. That poor room was surely over-worked, and a bath in the same tub after a poilu just out of the trenches was a poor apology. Other days we'd visit trenches just evacuated by the Germans. Apparently the enemy were good sports, for the entrances to most of their underground quarters were cleverly hidden under empty champagne bottles. Apparently they were religious, too, for I succeeded in retrieving a chromo of Jesus Christ from one of the walls. They had laid out beautiful drainage systems through the hills, and had constructed splendid shower-bath platforms from tiles swiped from this and that demolished chateau. One entered some of the dugouts (*abri*) by means of marble steps—also purloined.

"The drive, when it came, lasted about three days. During that time we worked about twenty hours out of twenty-four, spending the rest of the time eating. For the meals were always regular, complete, and enjoyable throughout it all. Such is the French system. Only five miles from the battlefield we were able to operate on our men within five or six hours after they were wounded. Hence, the results in general were excellent. In short, we had practically no sepsis, because we got the men promptly after their first aid dressing—put on usually by a comrade in the trench. The men came in ambulances, were bathed, the missile was located by the X-ray and we removed it. . . .

"The day after the territory was won we took a trip over the ground. The French fire had been frightful. They sent over 460,000 rounds to the enemy's 90,000. This was prettily demonstrated because, on the territory where the German fire fell there were rare grass plots between the shell holes, while on the areas which the French were shelling there was nothing but the holes in the clay with the rims between—no green in evidence. Trenches obliterated, everything buried except in rare spots where the snout of an abandoned tank lifted itself into the cold, gray air, or a dead man lay curled up over his less than six feet of earth. Two of us stumbled on to the town of ———, of which not one stone was left upon another; the town just clean flat with the ground. The enemy was shelling this territory ferociously, because the French were bringing up their artillery over the remains of two roads. We had on our steel caps, which protected our heads from small shell fragments. Also we soon learned when a shell was coming towards us, in which case we dropped to the ground to avoid kick-ups from the near explosions. There was no chance of being hit, for a direct hit is the rarest thing in the world.

"I got a number of empty brass shells and a couple of Boche helmets, some of which junk I'll try to send home. When we got back to the Ford ambulance—here I take off my hat to that great little machine—we found that that portion of the road was being shelled and that our friends were taking refuge in a trench. So we got out as quickly as we could.

"A few days later we left for Paris. I hated the idea of returning to my station in ———. 'Twas cold and damp there, and there was nothing to do. So I stepped into headquarters on the way down to see if I couldn't be sent up with the British or down with the Italians. The minute I entered Colonel Ireland's office, he jumped up and said, 'Why, we've just been talking about you.' And I said to myself, 'What the deuce is up—have I committed some crime or broken some military rule?' But the colonel promptly bounced me in before General Bradley, who immediately told me that I was to be the goat on a job. It seems that Mrs. Whitelaw Reid is fitting out a small hospital for American officers, and turning it over to the government. It is situated in the Latin Quarter in Paris, and her right-hand lady, with power of attorney, is getting the place ready, and getting it ready right. The best operating outfit, the best X-ray machine, the best rooms, the best quarters, plenty of heat and hot water, the best food, are being accumulated for this enterprise of sixty beds.

"The general thereupon gave me a lecture on tact and patience, and the colonel looked me over from head to foot and complimented me on my clothes and boots. Fortunately, the boots were high and English, and had been assiduously polished before appearing at headquarters. In short, they told me that I was the commanding officer of a hospital, and to go ahead and do what I could with it. So here I am in Paris, with two or three lieutenant assistants, a flock of nurses, a corps of enlisted men, with a real institution on my hands, at the tender mercies of an illustrious patron, and the government, situated in the midst of the great French Hospital, Educational, Art, Science and Letters district—for the winter. I'd like it if I didn't feel more like going to the front. I'm ashamed to admit that I am one of those fools (or liars) who actually likes the boom—s-s-s-ra—BOOM. The start of the damned thing, the sharp clatter over its fifteen-mile trip through the air like an express train, violent and invisible, and its tremendous wreck at the finish is fascinating.

"I shall remain in Paris, however, attend the clinics, study French, and do some work—if we get any patients.

"'Orders is orders,' and perhaps I'm more useful here than anywhere else—or useless. That's for them to find out.

"Meantime, I'm working hard to get the hospital into shape."[25]

Dr. Walter W. Manton, formerly of Detroit, now of Pasadena, bears indubitable evidence of the position he so frequently occupied in the front line, until wounds in battle necessitated his retirement therefrom. The marvel is that he escaped with his life.

Replying to a letter of inquiry he writes in characteristically nonchalant and amusing style:

August 10, 1930.

Dear General† B. Burr:

The Major hastens to answer your queries. As trimmings from the War, I received the Distinguished Service Cross (American) (D. S. C.); the Cross of the Legion of Honor (French); the *Croix de Guerre* with a Palm (French); an Honorary A.M. from my University (Harvard); various citations, both French and American. None of these do the world a great deal of good. In a cocky moment I might write Past Professor Walter Williamson Manton, A.B., M.D., A.M. (Hon.), F.A.C.S., D.S.C., Chevalier of the Legion of honor, et cetera—all of which makes me a Duke in Africa.

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†The addressee's first name is Colonel.

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In Memoriam

Two sincerely loved collaborators in this history have died during the progress of the work, Dr. Guy Lincoln Kiefer, an old time resident of Detroit, at the time of his death State Health Commissioner at Lansing, and Dr. William John Kay, late superintendent of the Michigan Home and Training School, Lapeer.

Guy Lincoln Kiefer

The high esteem in which Dr. Kiefer was held by men of every other profession as well as his own, by those who had the great privilege of knowing him both in public and private life has been evidenced over and over again in the glowing tributes paid to him through medical publications and the lay press. Excerpts from these tributes can best portray through the words of the authors just what Dr. Kiefer meant to his profession, his community and his co-workers.

A special memorial supplement to the June, 1930, number of the *Journal of the Michigan State Medical Society* contained tributes to him as health officer of Detroit, as a champion of organized medicine in Michigan, as State Commissioner of Health besides many personal tributes from members of the medical profession. Resolutions recording expressions of the profession upon the death of Dr. Kiefer were passed by the Michigan State Medical Society, the Wayne County Medical Society, and the State Advisory Council.

"Guy Lincoln Kiefer was born in Detroit, Michigan, on April 25, 1867, the son of Herman and Francisca Kiefer. He was educated at the University of Michigan, where he received his B.A. degree in 1887 and his M.A. and M.D. degrees in 1891. The honorary degree of D.P.H. was conferred upon him by his Alma Mater in 1911. His formal education was supplemented from time to time by postgraduate work which he pursued at Berlin and Vienna. He was a member of the Delta Tau Delta and Phi Rho Sigma fraternities. Dr. Kiefer was married at Toledo on May 2, 1893, to Josephine Henion, who survives him. He began practising his profession in 1893. He was county physician of Wayne County in 1895 and 1896, city physician of Detroit in 1896 and 1897, and United States pension Examiner from 1898 to 1901. He occupied the position of Commissioner of Health of Detroit from 1901 to 1913, when he resigned. Dr. Kiefer was chief of staff at the Herman Kiefer Hospital for a number of years, and was also consulting physician on contagious diseases in Harper Hospital, Children's Free Hospital, and Grace Hospital, Detroit. For a number of years he was professor of preventive medicine and contagious diseases at the Detroit College of Medicine. He was also medical director of the Michigan State Telephone Company. He was a member of the American Medical Association and the Michigan State Medical Society, of which he was president in 1914. He was also ex-president of the Wayne County Medical Society. His academic society memberships included the American Academy of Medicine, American Public Health Association, the Michigan State Health Officers' Association, of which he was at one time president. He was also a member of a number of clubs, notably Harmonie, Turnverein, and the Detroit Athletic Club. Dr. Kiefer was the last of a somewhat long lineage of physicians, his great grandfather, his grandfather and his father, Herman Kiefer, all having achieved distinction in medicine. The father came to Detroit in 1849, when it was a comparatively small town. He acquired a large practice and represented the best in medicine of his day and generation. Passing, he left a noble heritage of scientific tradition to his son, who as meritoriously carried on.

"For the past four years he had been Commissioner of Health for the State of

Michigan. Dr. Kiefer was preëminently an apostle of preventive medicine. He emphasized and preached preventive medicine all the time. Probably no other health officer in the United States had a better knowledge of infectious diseases. It was a treat to listen to Dr. Kiefer lecture on the subject, for he possessed that rare characteristic in a lecturer of rendering his subject clear and interesting as well. Whenever he was to speak on the subject of contagious diseases and preventive medicine in the larger sense, he was always sure of a large as well as sympathetic and appreciative audience. It is an interesting tribute that in the last year of his life his attraction as a speaker was greater and his influence more widely felt than ever before.

"In the many tributes which have been paid to Dr. Kiefer stress has been placed, and very rightly, upon his contribution to public health. It should, however, be emphasized that he was a physician who endeared himself to his many patients by guarding their interests in every way, who utilized all the refinements of modern diagnosis and added those valuable traits derived from a famous medical ancestry and from a ripe clinical experience of his own.

"While the public has appreciated his contribution to public health, we must remember that there is a great number of those who remember him as a kind and faithful physician, conscientious in the performance of his duty and one who always could be relied upon for help and counsel in time of need."—Preston M. Hickey, M.D., and James D. Bruce, M.D.

Dr. Kiefer became the chief of the City Health Department at a time when public health administration throughout the country was undergoing reorganization. Environmental factors were giving way to the need of emphasizing the prominent part played by the individual as a disseminator of disease, not only as a patient but as a mild or missed case or carrier of infection. A true appreciation of the nature of the spread of infection has resulted in focusing attention on public health education and the teaching of personal health and hygiene.

"It was to popular health instruction that Dr. Kiefer dedicated his life. One of his first official acts after being appointed Health Officer of Detroit was to establish a system of medical inspection in the schools. This was done in February, 1902. The plan provided that a physician should visit the school each morning and exclude those who might be suffering from one of the acute communicable diseases. There being no funds available at the time, a group of physicians donated their services. During the first year of Dr. Kiefer's administration the Health Department had a total appropriation of but $42,000. The school health service began as an experiment in four schools but by the end of the school year the number had increased to fifty, with one voluntary inspector working daily in each school.

"Dr. Kiefer, knowing the effect that bad milk has upon infant mortality, gave much attention to the improvement of the municipal supply. In July, 1904, he secured the passage of an ordinance which became effective in May, 1905, and required approval by the Board of Health before a license was issued to dealers.

"In 1905, the first tuberculosis clinic was established, with the prime object of preventing disease. Home visitation by nurses was instituted through the courtesy of the Visiting Nurse Association. In February, 1908, the first patient was admitted to the new tuberculosis tent colony made possible by the financial assistance of the Tau Beta Association and The Red Cross.

"In each of his annual reports during his first eight years of office, Dr. Kiefer repeatedly showed the need of a communicable disease hospital, the construction of which was not undertaken until 1910.

"Dr. Kiefer was a pioneer in popular health education. As a teacher of health habits, he has left a lasting impression on the life and happiness of many who knew him not. He has left to those who follow in his life work a heritage full of blessings and hope for the happiness and well-being of mankind. He resigned as Health Officer on June 20, 1913, after having served the people of Detroit for twelve full and creditable years."—Henry F. Vaughan, Dr. P.H., Detroit Health Commissioner.

"In local, county, state and national organizations Dr. Kiefer's sterling qualifications as a man and as a physician and public health official had so endeared him to his colleagues that he had been chosen as the presiding officer of practically every organization which had the privilege of his membership.

"At every session of our state legislature, whether as a general practitioner of medicine, local health officer, president of county or state societies or as State Commissioner of Health, Dr. Kiefer was always to be found fighting fairly, squarely, conscientiously, persistently—but always honorably—to oppose any and all efforts made to weaken the lines of defense which the medical profession has maintained against the inroads of quackery, superstition, cultism and ignorance.

"Whenever any effort was made to modify medical legislation in order to let down the bars against improperly prepared practitioners, Dr. Kiefer was always in the vanguard resisting to the last all the malign influences which were allied against public safety.

"He was conspicuous as an outstanding national figure in his successful efforts to stem the onslaught of State Medicine in Michigan, and the attempts of the State to encroach on the domain of the private practitioner of medicine. He did more than any other man to combat the tendency toward the practice of preventive and curative medicine by corporations, state, county and municipal boards of health. He courageously, truly and ably fought to bring back the practice of medicine—where it rightfully belongs—to the family physician.

"His friends, the medical profession and the people of Michigan have lost in his untimely death a rugged, strong, untiring and always beloved exponent of all that was right and clean and pure and noble."—Louis J. Hirschman, M.D.

"When I tendered Dr. Kiefer the position of Commissioner of Health I did so with little hope of his accepting because of the great personal and financial sacrifice involved. However, I remembered that the finest thing about our modern politics is the fact that in every community men are to be found who willingly undergo almost any personal sacrifice to serve the public. I found Dr. Kiefer to be one of them. He was the son of the leading authority on public health and lived to occupy that position himself.

"Patient, self-sacrificing, self-effacing, he was one of the finest and ablest men that I have known in public service.

"Michigan mourns the loss of a man who made our state a better place in which to live."—Fred W. Green, Governor.

"The Michigan Department of Health stands second to no other department of health in its service to the people of the Commonwealth. This preëminence in the field of public service was advanced by the personality, courage, integrity and sound knowledge of Dr. Guy L. Kiefer.

"Repeatedly his associates have said that never in their public life had they known a man who could so quickly and surely get the fundamental facts out of a controversial situation, clarify it, and solve the problem so finally that all persons were satisfied."—C. C. Young, M.D., Department of Health, Lansing.

"The friendship of Guy Kiefer was a thing to be prized. He was loyal, charitable and joyous in his attachments, and those who were close to him have too early lost a friend it is difficult to replace."—C. G. Jennings, M.D.

"Guy's ideals and quests shall ever serve as an inspiration to endeavor to do as he would have liked me to do. He was a faithful friend—a man among men. It was a rich privilege to have so known him."—F. C. Warnshuis, M.D.

"He was called upon by county, city and state to represent the medical profession in the control of preventable disease. One of his outstanding qualities was his ability to understand the position of the practitioner of medicine as he had practised medicine himself. He was an expert diagnostician in contagious diseases. Many clashes were avoided between physician and family by his diplomacy and at times leniency of quarantine regulations. He was always willing to consider the situation and sympathize with the physician in doubtful cases—which made him popular with members of the profession."—Angus McLean, M.D.

The *Detroit Free Press* of May 10, 1930, in its leading editorial commented on Dr. Kiefer's life as follows:

DR. GUY L. KIEFER

"The death of Dr. Guy L. Kiefer is a calamity that calls for sincere sorrow from all Detroit. For more than a generation, Dr. Kiefer, an inheritor of high tradition from a long line of honorable ancestors, labored for the health, happiness and lives of his fellow men; labored sometimes in one position, sometimes in another, but always without stint and with a minimum of thought for self, asking chiefly an opportunity to make his community less disease ridden, more clean, more sanitary and altogether a better place to live in. If the worth of a human being is to be measured by the extent of his service to others, then there have been none who have deserved more honor and affection from those living in the City of the Straits than he has deserved.

"There is no way of calculating the number of lives Dr. Kiefer saved by his fight for pure milk, by his inauguration and prosecution of a modern war on tuberculosis, by his intelligent, all-around fight to keep in check the natural ills to which flesh is heir. But his victories must have been numbered by the tens of thousands, and they were clean-cut, gallantly won victories."

William John Kay

Dr. Kay was likewise a physician whose antecedents in the practice of medicine dated back three generations. The high regard in which he was held both professionally and in private life is well brought out by Dr. H. E. Randall of Flint in his tribute which appeared in the June, 1930, number of the *Journal of the Michigan State Medical Society*:

"William J. Kay, superintendent of the Michigan Home and Training School and a former president of the Michigan State Medical Society, died at Lapeer, Michigan, shortly after midnight on the morning of April 16, 1930, age 63 years. The cause of death was septic sore throat of five days' duration.

"Dr. Kay descended from a line of doctors. His father, his grandfather and great grandfather were all practitioners of medicine. His father, John Patterson Kay, was a citizen of the United States and a surgeon in the Northern Army during the Civil War, but the son, William J. Kay, was born in Belmore, Ontario. He attended High School at Harrison, Ontario, and a German Academy where he studied languages. In his younger days he was a cabinet maker and was employed in a pipe organ factory at Clinton, Ontario. It was here that he met his wife, the daughter of the proprietor, who survives him, and this year would have celebrated the forty years of his marriage. In Detroit he was employed in the organ factory of Votey and Company. By the apprentice system he served in drug stores and obtained his first and second papers as a registered pharmacist. It was as a pharmacist that he was employed in a drug store in the thumb country and in Detroit during his student days in medicine.

"Graduating from the Detroit College of Medicine in 1897, Dr. Kay located at Attica, Michigan, a former lumber town. Knowledge of his ability and skill as a physician spread rapidly and his office was the center of many miles of practice in the days when the practice of country physicians entailed the hardships which have now passed. His kindliness and gentleness combined in a personality which inspired and won lasting confidence. No man ever practiced medicine who had higher ideals of the privilege and duty of serving suffering humanity. His ideal was Dr. Weelum MacClure of "Beside the Bonnie Briar Bush." No days were too long, no nights too dark or cold, no roads too bad for him to answer the calls of his countrymen. The poor and the unfortunate in the struggle of life ever won his sympathy and solicitude. He never gave a thought to his own personal health or convenience.

"After five years of country practice he moved his family, which now consisted of a wife and two girls, to Lapeer to enter a partnership with Dr. H. E. Randall which lasted eight years, until the latter moved to Flint. Dr. Kay's practice at Lapeer was one of the largest in the state. His counsel and his judgment were sought in all serious cases in the county. His medical confreres sought his services for his analytical mind and for his sound judgment and advice. His own diversions have been good literature and music. He was a constant attendant at county, state and national meetings and took a keen delight in meeting old and new friends. His comment was that he never attended a medical meeting without deriving something from it. He followed medical literature closely and never lost that progressive spirit even when as Superintendent of the Michigan Home and Training School his duties were largely administrative and educational. The successful prophylaxis of scarlet fever by Drs. Dick and Dick was first done under his supervision at Lapeer. Dr. Kay excelled in the handling of nervous patients, a bugbear to many physicians who are not possessed of that equanimity recommended by Osler. 'What is patience but an equanimity which enables you to rise superior to the trials of life?' Dr. Kay's patience, his unending good nature and his understanding of human nature and his knowledge of the trials and fears of the neurotic made him a master of psychic treatment in these unfortunates. He was never in such a hurry but that he would hear their story and put in the encouraging word of cheer.

"His interest in education is evidenced by sixteen years of service on the school board of Lapeer. He also served on the Board of Trustees of the Pontiac State Hospital, before the state boards were combined into one board. The problems of the feeble-minded excited his sympathy and interest. After a severe illness with gall-stones and jaundice and after an operation by Dr. Angus McLean he decided that the irregular hours of the practicing physician were beyond his physical powers. He accepted an appointment as superintendent of the Michigan Home and Training School from Governor Groesbeck for the vacancy created when Dr. Harley Haynes accepted the superintendency of the University of Michigan Hospital. Dr. Kay as Superintendent of the Michigan Home extended the parole system. The girls are placed in homes to do housework and the boys are usually placed on the farm. As one feeble-minded is placed in an institution for life, an attempt is made to effect social adjustment. When it is considered that the capacity of the institution is 2,800, with a waiting list of 800, the need of some of these patients becoming self-supporting is apparent. He urged the public to help carry out this plan to care for some unfortunates. The state is about to add seventeen more cottages to the Lapeer Home to care for an increasing waiting list.

"Dr. Kay was honored by his medical associates by being elected president of the Lapeer County Medical Society, which he helped to organize with Hugh McColl as first president. He was councilor of the State Medical Society and after serving several terms as chairman of the Council, was elected president of the Michigan State Medical Society. He officiated as such in 1921. He was a fellow of the American College of Physicians, member of the American Medical Association and of the National Mental Associations. He had served six years as superintendent of the Michigan Home and Training School at the time of his death.

"The attendance at his funeral was the largest ever held in Lapeer and hundreds of his friends, physicians and patients passed his casket as it lay in state in the Presbyterian Church, banked with floral gifts mutely to express the appreciation of his life and the great loss which the profession and the public have sustained in his passing. In his immediate family he leaves a wife, Caroline (Giddings) Kay, a daughter, Elaine Kay, a sister, Mrs. Louis C. Cramton of Washington, D. C., a brother, Fred B. Kay, postmaster at Lapeer, a brother, George Kay, a chemist of Baltimore, and two grandchildren, left motherless when Bernice Kay White, older daughter of Dr. Kay, died eight years ago.

"As Osler says of Palmer Howard, 'It is no exaggeration to say that to have known him was in the deepest and truest sense of the phrase a liberal education.' To have known Dr. Kay was an education in ethics, of sound practical medical care, of a sustaining philosophy of life, of rectitude, friendship, honesty and service."

Resolutions on the death of Dr. Kay by the Genesee County Medical Society stated in part:

"His efforts for medical organization, his years of unselfish devotion to his patients and a personality combining unusual qualities of mind and heart, have endeared him to the membership of this society."

To these testimonials of affection and regard may well be added the immortal lines of Tennyson:

"So many worlds, so much to do
So little done, such things to be
How know I what had need of thee
For thou wert strong as thou wert true."

To whom do they more fittingly apply than to our beloved confreres, Dr. Kiefer and Dr. Kay, gone on before "for yet a little while."

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